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Somerset County Council.

REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1938.

J. F. DAVIDSON,

M.B., Ch.B., D.P.H.,

County Medical Officer of Health.

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To the Chairman and Members of the Public Health and Housing Committee,
Somerset County Council.

THE CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to submit my Second Annual Report upon the Health Administration of the County.

The report presents a general survey of the work carried out under the various sections of your County Health Department.

In addition to the routine work and its usual extensions, there have been in 1938 some special points of interest in the services administered by your department; a brief summary includes the following:—

- (1) The occurrence of an epidemic of typhoid fever of unusual severity, its control, and its confinement to the area of origin;
- (2) The institution and operation of a new ante-natal and post-natal scheme;
- (3) The negotiation and commencement of a scheme for full-time medical officers of health;
- (4) The launching of a diphtheria immunisation scheme for pre-school and school children;
- (5) The preparation and issue of a comprehensive report on Public Assistance Institutions, and
- (6) The general preparation of schemes dealing with the casualty services under Air Raid Precautions and Civil Defence.

This has been a heavy and an anxious year in many ways for me, and I was only able to cope with its many demands through the excellent and willing help of all members of the staff of the County Health Department; in a like manner I was also much indebted to my colleagues in other departments of the County Council and in outside Authorities for their assistance.

Finally, I cannot end this letter without a reference to the resignation of Mr. A. L. Hobhouse as Chairman of this Committee. Mr. Hobhouse had occupied this position since 1933, and in that period of time there were many striking changes and advances in the Public Health administration of this County. If I may say so, the present position of this County Health Department owes much to his personal direction and to his great knowledge of affairs, not only in this County but also in wider spheres. I know that both my predecessor, Sir William Savage, and myself look back on our service under his Chairmanship with gratitude and with sincere appreciation of all the valuable help which he so freely gave us, and in this view we are joined by all the members of the staff of this Department.

I am,

Your obedient Servant,

Taunton.

J. F. DAVIDSON.

June, 1939.

STATISTICS AND SOCIAL CONDITIONS OF THE AREA.

Area (in acres): 1,028,992.

Population (1938):—404,600.

Live births:—Total, 5,411; Legitimate 5,237; Illegitimate 174. Still births, 232.

Deaths:—Total, 5,233; Urban, 2,479; Rural, 2,754.

Deaths of children under 1 year of age:—226.

Rateable Value:—£2,520,455 (1938).

Sum represented by a penny rate:—£9,776 (1937-38); £9,985 (1938-39); £10,134 (1939-40).

Birth rate:—13.37.

Death rate:—12.93.

Rate of infantile mortality:—41.77.

Percentage of births which were illegitimate:—3.22.

The essential statistical returns covering births, infantile mortality, and deaths are given in the following Tables from I. to VI.

I give herewith certain general notes on these Tables:—

(1) Population.

The population shows an increase of 510.

(2) Birth Rate.

This year's figure of 13.37 shows again a slight increase on the rate for last year, and taking the figures for the last ten years there appears in both urban and rural areas a tendency to stabilisation round about the rate for this year. The birth rate and death rate, which in recent years were nearly the same, show this year some separation in favour of the former.

(3) Death Rate.

The death returns are corrected as regards the distribution of deaths to the districts to which they properly belong. In order to correct the differences of age and sex distribution a standardising factor is used and, corrected in this way, the following figures are obtained:—

	Net Death-rate.	Standardising Factor.	Standardised Death-rate.
Rural Districts	12.88	10.56
Urban Districts	13.08	10.73
Administrative County	12.93	10.65
England and Wales	11.6	11.6

The standardised death rate for the Administrative County is 10.65 in comparison with a net death rate of 12.93, and the rate shows a reduction on that for recent years.

The causes of death are set out in the Tables, the chief causes of death being heart diseases (1,338 deaths), cancer and other forms of malignant disease (797 deaths), bronchitis and pneumonia (334 deaths), and tuberculosis (214 deaths).

It is interesting to note that the proportion of deaths for 1938 divided amongst the different age groups is as follows:—

Under 1 year	4.3
1 year to 45 years	12.0
45 years to 65 years	23.4
65 years and over	60.3

The present trend is well demonstrated by the fact that only 39.7 per cent. of the deaths occurred in persons under 65 years of age.

(4) Infantile Mortality Rate.

The rate for this year is 41.77 and it is the lowest rate on record for the Administrative County. In the rural districts the rate was 42.01 and in the urban areas it was 41.46.

It is remarkable that in a period of thirty years this rate has been reduced by half; in 1909 no fewer than 685 children died under one year of age; this year the number was 226.

General Note on Vital Statistics.

In my last report, and in those of Sir William Savage, opportunity was taken to point out the implications particularly of the birth and death rates and their influence on the population as a whole.

The cumulative effect of a consistently low birth rate must in a few years' time make itself apparent, and the inevitable result must be a decline in population. There is again the fact that there is a steady weighting by age of the general population giving a greater proportion of old people, and, with again inevitably, a higher death rate.

These two factors must be taken into consideration together, for their undoubted influence in the future is certain.

One striking commentary is the great need for safeguarding infant life and for making the risks of motherhood less. How far we have already been successful in this can but be judged by our returns for infantile and maternal mortality, and a note on these matters will be found elsewhere in this report.

The second point of which we must take notice is the necessity for wise planning in housing schemes both on the question of extent and of type. Suitable housing for the aged must be kept in mind in all housing policies, and it would be sound to include this special provision in all future schemes.

Finally, the general trend of our vital statistics shows that, while it is not probable that the death rate can be lowered to any extent, yet there is every indication of the postponement of the period of death.

In brief, the lesson from the vital statistics is clear in its call for the greater safety and health of the mothers and children, and for the prevention and control of those diseases that kill or disable in those periods of adult life in which the greatest efficiency and value are to be found for the individual and the community.

TABLE I.
Rural Districts.

YEAR.	Population estimated to middle of each Year.	BIRTHS.		DEATHS UNDER ONE YEAR OF AGE.		DEATHS AT ALL AGES. TOTAL.	
		Number.	Rate.	Number.	Rate per 1,000 Births registered.	Number	Rate.
1928	235,440	3,615	15.35	155	42.88	2,754	11.70
1929	235,500	3,459	14.69	166	47.99	3,012	12.37
1930	232,040	3,465	14.93	162	46.76	2,747	11.84
1931	230,100	3,442	14.96	181	52.59	3,076	13.37
1932	231,400	3,315	14.32	160	48.27	2,888	12.48
1933	222,801	3,069	13.61	140	45.62	2,851	12.65
1934	222,691	3,204	14.39	146	45.57	2,742	12.31
1935	222,600	3,027	13.60	115	37.99	2,627	11.80
1936	221,700	3,070	13.85	160	52.12	2,880	12.99
1937	221,190	3,006	13.59	139	46.24	2,967	13.42
Averages for years 1928—1937		227,546	3,267	14.33	152	46.6	2,854
1938	215,020	3,023	14.06	127	42.01	2,754	12.88

Urban Districts.

1928	169,810	2,336	13.76	114	48.80	2,058	12.12
1929	171,060	2,233	13.05	108	48.37	2,240	13.11
1930	172,830	2,340	13.54	104	44.44	1,986	11.50
1931	173,750	2,260	13.01	114	50.44	2,193	12.64
1932	176,700	2,250	12.74	114	50.67	2,239	12.68
1933	180,529	2,105	11.73	105	49.88	2,331	12.99
1934	180,809	2,284	12.63	102	44.66	2,321	12.84
1935	181,100	2,092	11.55	90	43.02	2,269	12.53
1936	181,900	2,251	12.37	92	40.87	2,337	12.85
1937	182,900	2,349	12.84	94	40.01	2,463	13.47
Averages for years 1928—1937		177,139	2,250	12.7	104	46.2	2,244
1938	189,580	2,388	12.59	99	41.46	2,479	13.08

TABLE II.

Causes of, and Ages at Death during the Year 1938.

CAUSES OF DEATH.	NETT DEATHS AT THE SUBJOINED AGES OF "RESIDENTS" WHETHER OCCURRING WITHIN OR WITHOUT THE DISTRICT.								
	All ages.	Under 1 year.	1 and under 2 years.	2 and under 5 years	5 and under 15 years	15 and under 25 years	25 and under 45 years	45 and under 65 years	65 and upwards.
Typhoid and paratyphoid fevers	9	0	0	1	0	5	0	3	0
Measles	7	2	1	2	1	0	1	0	0
Scarlet Fever	0	0	0	0	0	0	0	0	0
Whooping Cough	6	4	1	1	0	0	0	0	0
Diphtheria	14	2	0	5	5	1	1	0	0
Influenza	85	2	1	0	4	2	10	21	45
Encephalitis Lethargica	5	0	0	0	1	0	1	3	0
Cerebro-spinal fever	2	1	0	1	0	0	0	0	0
Tuberculosis of respiratory system	182	1	0	0	3	29	81	50	18
Other Tuberculous Diseases	32	0	3	1	4	6	8	6	4
Syphilis	6	0	0	0	0	0	2	1	3
General paralysis of the insane, tabes dorsalis	6	0	0	0	0	0	0	4	2
Cancer, Malignant Disease	797	0	0	0	2	5	44	278	468
Diabetes	88	0	0	0	0	4	3	21	60
Cerebral Haemorrhage, etc.	315	0	0	0	0	0	5	61	249
Heart Disease	1338	0	0	0	0	5	37	282	1014
Aneurysm	18	0	0	0	0	2	0	6	10
Other circulatory diseases	323	0	0	0	0	0	1	74	248
Bronchitis	170	5	2	0	1	1	10	25	126
Pneumonia (all forms)	164	22	10	3	2	3	25	43	56
Other Respiratory Diseases	39	0	1	0	2	1	5	10	20
Peptic Ulcer	50	0	0	0	0	1	6	24	19
Diarrhoea, etc.	29	7	2	0	0	1	4	5	10
Appendicitis	35	0	0	0	10	1	7	11	6
Cirrhosis of Liver	14	0	0	0	0	0	1	5	8
Other diseases of liver, etc.	40	0	0	0	0	0	5	11	24
Other digestive diseases	106	3	0	1	4	4	12	31	51
Acute and Chronic Nephritis	211	0	1	0	2	2	12	52	142
Puerperal Sepsis	4	0	0	0	0	0	4	0	0
Other Puerperal causes	10	0	0	0	0	1	9	0	0
Congenital Debility Premature Birth, Malformations, etc.	160	154	1	1	1	2	1	0	0
Senility	275	0	0	0	0	0	0	1	274
Suicide	59	0	0	0	0	0	12	35	12
Other violence	169	4	3	6	14	15	30	47	50
Other defined diseases	459	19	3	4	9	20	58	115	231
Diseases ill-defined or unknown	6	0	0	0	0	0	0	0	6
	5233	226	29	26	65	111	395	1225	3156

TABLE III.

Causes of Death at all Ages in each District during the Year 1938.

RURAL DISTRICTS.

CAUSES OF DEATH.															TOTAL RURAL DISTRICTS.		
	AXBRIDGE.	BATHAVON.	BRIDGWATER.	CHARD.	CLUTTON.	DULVERTON.	FROME.	LANGPORT.	LONG ASHTON.	MALLETT.	TAUNTON.	WELLINGTON.	WELLS.	WILLITON.	WINCANTON.	YEOVIL.	
Typhoid & Paratyphoid Fevers	0	0	7	0	0	0	0	0	0	0	0	0	0	0	0	0	7
Measles	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1	0	2
Scarlet Fever	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Whooping Cough	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	4
Diphtheria	1	4	1	0	0	0	2	0	2	0	0	0	0	0	2	0	12
Influenza	5	3	8	1	9	0	4	1	3	5	8	0	1	3	5	4	60
Encephalitis Lethargica	0	0	0	0	2	0	0	1	0	0	0	0	0	0	0	0	3
Cerebro Spinal Fever	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1
Tuberculosis of respiratory system	6	4	16	1	6	4	1	6	8	3	4	3	1	4	7	12	86
Other Tuberculous Diseases	2	2	0	2	0	0	0	1	2	0	1	1	0	0	1	1	13
Syphilis	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0	0	2
General paralysis of the insane																	
tabes dorsalis	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Cancer, Malignant Disease	45	43	31	20	32	8	8	18	34	10	22	19	21	14	29	29	383
Diabetes	5	2	6	2	4	1	3	3	4	0	1	1	2	7	6	4	51
Cerebral Haemorrhage, etc.	12	24	13	7	11	4	9	16	14	3	17	5	3	13	14	15	180
Heart Disease	84	65	44	32	48	18	26	44	79	31	65	20	39	34	37	45	711
Aneurysm	0	0	0	1	1	0	0	0	4	1	1	1	0	0	0	2	11
Other circulatory diseases	12	12	14	6	11	2	9	13	15	8	14	12	7	13	7	7	162
Bronchitis	7	10	8	5	9	2	3	2	6	3	5	4	1	1	11	9	86
Pneumonia (all forms)	11	12	11	5	6	1	5	5	6	4	4	2	2	3	4	4	85
Other Respiratory Diseases	1	2	3	1	1	0	0	2	0	2	1	4	2	0	2	1	24
Peptic Ulcer	2	4	2	1	0	0	2	1	0	2	1	2	0	3	4	1	25
Diarrhoea, etc. (under 2 years)	0	2	0	0	0	0	0	1	0	0	0	0	0	0	0	0	3
Appendicitis	1	1	2	2	5	0	1	1	0	1	1	1	2	1	1	1	21
Cirrhosis of Liver	2	1	0	0	0	0	0	2	1	0	0	0	0	0	0	1	7
Other diseases of liver	2	3	2	0	0	0	0	1	0	1	3	1	0	2	3	2	20
Other digestive diseases	3	8	6	5	4	0	5	4	3	2	5	1	2	8	1	4	61
Acute and Chronic Nephritis	7	11	7	1	7	0	6	9	6	7	8	2	10	9	15	10	115
Puerperal Sepsis	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other puerperal causes	1	0	0	0	0	1	0	0	1	0	1	0	0	1	0	0	5
Congenital Debility, Premature Birth, Malformations, etc.	9	5	6	4	2	2	8	3	8	5	8	4	3	5	4	8	84
Senility	20	4	10	11	3	3	3	8	11	2	4	7	5	11	9	27	138
Suicide	5	2	3	1	3	0	3	0	2	4	2	2	1	2	3	2	35
Other violence	5	13	12	9	6	2	5	8	10	7	2	4	4	1	2	5	95
Other defined diseases	27	27	23	14	15	10	13	9	19	9	20	11	6	25	8	20	256
Causes ill-defined or unknown	0	0	1	0	0	0	0	0	0	2	0	0	1	0	1	0	5
All causes	276	264	236	132	186	58	119	157	240	111	201	105	112	163	175	219	2754

TABLE IV.

 Causes of Death at all Ages in each District during the Year 1938.
 URBAN DISTRICTS.

CAUSES OF DEATH.

		BRIDGWATER.	BURNHAM.	CHARD.	CLEVEDON.	CREWERNE.	FROME.	GLASTONBURY.	ILMINSTER.	KEYNSHAM	MINEHEAD.	NORTON-RADSTOCK.	PORTISHEAD.	TAUNTON.	SHEPTON MALLEY.	STREET.	WELLINGTON.	WESTON-SUPER-MARE.	YEOVIL.	TOTAL URBAN DISTRICTS.	County Total.		
Typhoid & Paratyphoid Fevers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	9		
Measles	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	5	7		
Scarlet Fever	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Whooping Cough	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	6		
Diphtheria	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	14		
Influenza	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	25	85		
Encephalitis Lethargica	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	5		
Cerebro Spinal Fever	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	2		
Tuberculosis of respiratory system	12	6	1	3	4	3	2	3	3	3	3	5	0	5	3	13	2	4	2	11	96	182	
Other Tuberculosis Diseases	2	0	2	0	2	0	0	0	0	1	0	0	0	0	0	4	0	3	0	2	19	32	
Syphilis	0	0	0	0	0	1	0	0	0	0	0	1	0	0	0	1	0	0	0	0	4	6	
General paralysis of the insane																							
tabes dorsalis	0	0	0	1	0	0	0	0	0	0	0	0	0	1	1	0	0	1	0	0	5	6	
Cancer, Malignant Disease	21	21	6	25	7	25	9	2	12	10	13	14	9	7	6	2	20	10	95	44	414	797	
Diabetes	3	0	1	3	1	3	0	0	1	0	2	1	1	0	1	0	3	1	10	6	37	88	
Cerebral Haemorrhage, etc.	11	5	4	9	2	9	0	2	5	7	4	2	5	5	17	1	7	4	28	8	135	315	
Heart Disease	59	38	11	36	7	42	17	4	13	16	34	14	18	12	71	7	27	22	127	52	627	1338	
Aneurysm	0	0	0	1	0	1	0	1	0	1	0	0	0	0	0	0	0	0	0	1	7	18	
Other circulatory diseases	14	18	1	1	0	12	4	1	4	8	3	3	3	1	1	26	2	6	4	26	24	161	323
Bronchitis	9	0	1	1	3	4	2	0	2	4	4	3	1	1	18	0	6	1	13	11	84	170	
Pneumonia (all forms)	19	3	0	2	3	3	2	1	4	3	3	3	1	0	13	0	0	1	13	5	79	164	
Other Respiratory Diseases	1	1	0	1	1	2	0	0	0	0	1	1	2	0	1	0	1	0	2	1	15	39	
Peptic Ulcer	6	1	0	1	0	2	0	2	0	1	0	0	1	0	1	0	2	0	0	7	1	25	50
Diarrhoea, etc., (under 2 years)	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1	1	0	1	1	1	6	9	
Appendicitis	2	0	1	1	0	1	0	1	0	0	0	0	0	0	0	3	0	0	0	2	14	35	
Cirrhosis of Liver	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	2	7	14	
Other diseases of liver	0	1	0	1	1	1	0	0	0	1	3	2	1	0	0	2	0	1	0	4	2	20	40
Other digestive diseases	5	4	2	5	1	2	0	1	3	2	3	1	2	1	10	1	0	1	16	5	65	126	
Acute and Chronic Nephritis	3	9	3	5	2	6	4	2	4	1	4	5	2	5	8	1	3	1	23	5	96	211	
Puerperal Sepsis	2	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	4	4	
Other puerperal causes	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	2	1	5	10
Congenital Debility Premature Birth, Malformations, etc.	11	0	1	2	1	6	4	1	1	2	3	1	1	3	15	0	4	0	16	4	76	160	
Senility	12	3	10	17	2	3	1	0	0	3	4	3	4	8	15	4	11	2	22	13	137	275	
Suicide	3	1	2	0	0	1	1	1	0	1	0	0	0	2	4	0	0	0	7	1	24	59	
Other violence	5	1	0	4	3	4	2	1	4	0	2	1	2	1	12	1	3	3	19	6	74	169	
Other defined diseases	18	7	4	11	6	11	1	1	5	9	12	4	5	6	32	6	7	7	39	12	203	459	
Causes ill-defined or unknown	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1	6	
All causes	219	124	52	135	47	143	52	23	64	74	102	57	63	61	339	28	112	62	496	226	2479	5233	

TABLE V.

Table showing, for each Rural District, the number of Births and Deaths, the number of Deaths of Infants, also the Birth Rate, Death Rate, and Rate of Infantile Mortality.

DISTRICT.	Area. Acres.	No. of Births.	No. of Deaths.	No. of Deaths Under 1 Year.	Population. (Mid-Year)	Birth Rate.	Death Rate.	Standardized Death Rate.	Rate of Infantile Mortality.
RURAL :—									
1. AXBRIDGE	90,551	294	276	17	21,990	13.37	12.55	9.79	57.8
2. BATHAVON	42,106	290	264	11	17,320	15.38	14.00	12.92	37.9
3. BRIDGWATER	86,769	237	236	8	16,390	14.43	14.37	11.11	33.7
4. CHARD	54,600	154	132	5	11,050	13.94	11.95	9.80	32.5
5. CLUTTON	42,641	251	186	4	15,800	15.87	11.77	10.12	15.9
6. DULVERTON	78,980	66	58	4	4,419	14.94	13.13	11.29	60.6
7. FROME	51,933	125	119	8	9,558	13.08	12.45	10.33	64.0
8. LANGPORT	59,407	136	157	5	11,960	11.37	13.13	10.11	36.8
9. LONG ASHTON	46,515	295	240	11	19,730	14.95	12.16	10.70	37.3
10. SHEPTON MALLET	47,777	131	111	8	9,570	13.70	11.60	9.51	61.1
11. TAUNTON	70,682	241	201	11	16,640	14.48	12.08	9.54	45.6
12. WELLINGTON	37,911	95	105	6	7,147	13.29	14.69	11.61	63.1
13. WELLS	57,175	117	112	3	9,336	12.53	12.0	9.72	25.6
14. WILLITON	97,364	137	163	7	11,850	13.56	13.76	10.73	51.1
15. WINCANTON	64,540	231	175	6	15,630	15.04	11.20	9.30	26.0
16. YEOVIL	53,495	223	219	13	16,630	13.41	13.17	11.19	58.3
Totals of Rural Population	982,446	3,023	2,754	127	215,020	14.06	12.88	10.56	42.0

TABLE VI.

Table showing, for each Urban District, the number of Births and Deaths, the number of Deaths of Infants, also the Birth Rate, Death Rate, and Rate of Infantile Mortality.

DISTRICT.	Area. Acres.	No. of Births.	No. of Deaths.	No. of Deaths Under 1 Year.	Population. (Mid-Year)	Birth Rate.	Death Rate.	Standardized Death Rate.	Rate of Infantile Mortality.
URBAN :—									
1. BRIDGWATER	1,677	288	219	15	18,330	15.74	11.97	10.53	52.1
2. BURNHAM	2,246	90	124	0	7,672	11.73	16.16	11.47	0.0
3. CHARD	1,030	36	52	1	4,306	8.36	12.08	9.30	27.8
4. CLEVEDON	3,296	91	135	3	7,754	11.74	17.41	10.97	33.0
5. CREWKERNE	1,291	40	47	2	3,450	11.59	13.62	11.30	50.0
6. FROME	1,194	131	143	7	10,360	12.65	13.80	10.90	53.4
7. GLASTONBURY	5,019	54	52	4	4,455	12.12	11.67	10.27	74.1
8. ILMINSTER	531	32	23	0	2,177	14.70	10.57	8.98	0.0
9. KEYNSHAM	4,170	53	64	1	6,130	11.53	13.92	11.55	18.9
10. MINEHEAD	2,816	66	74	4	6,430	10.26	11.51	8.86	71.4
11. NORTON- RADSTOCK	3,370	157	102	3	11,230	13.98	9.09	8.64	19.1
12. PORTISHEAD	911	43	57	2	3,808	11.29	14.97	12.13	46.5
13. SHEPTON MALLETT	2,278	66	63	2	4,255	15.51	14.81	12.29	30.3
14. STREET	3,069	55	61	3	4,547	12.10	13.42	11.94	54.5
15. TAUNTON	2,428	359	339	19	27,780	12.92	12.21	10.62	55.7
16. WATCHET	493	28	28	1	2,218	12.62	12.63	9.98	35.7
17. WELLINGTON	2,211	73	112	6	6,628	11.01	16.90	12.68	82.2
18. WELLS	1,336	67	62	1	5,250	12.76	11.81	8.86	14.9
19. WESTON-S-MARE	4,923	375	496	19	32,690	11.47	12.11	9.20	53.3
20. YEOVIL	2,257	284	226	6	20,110	14.12	11.24	11.58	21.1
Totals of Urban Population	46,546	2,388	2,479	99	189,580	12.59	13.08	10.73	41.5
Administrative County	1,028,992	5,411	5,233	226	404,600	13.37	12.93	10.65	41.8
England and Wales, 1938	—	—	—	—	—	15.1	11.6	11.6	53

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA.

A note on certain changes in these services.

A. Public Health Officers of the Authority.

County Medical Officer of Health and Chief School Medical Officer	... ...	... J. F. Davidson, M.B., Ch.B., D.P.H.
Deputy County Medical Officer of Health	... ...	T. S. Stirling, M.B., Ch.B., D.P.H.
Assistant Medical Officer for Child Welfare	... ...	H. M. Halliday, M.R.C.S., L.R.C.P., D.P.H.
Assistant School Medical Officers	... ...	<div style="display: flex; align-items: center;"> <div style="flex-grow: 1;"></div> <div style="border-left: 1px solid black; padding-left: 10px; margin-left: 10px;"> W. G. Parker, M.B., D.P.H. D. G. Evans, M.R.C.S., L.R.C.P., D.P.H. D. V. Hague, M.B., M.R.C.S., L.R.C.P., D.P.H. M. J. Cooke, M.B., M.R.C.S., L.R.C.P., D.P.H. R. H. G. Denham, M.D., D.P.H. </div> </div>
County Oculist	... ...	... I. B. Georgeson, M.B., Ch.B.
County Tuberculosis Officer	... ...	... L. J. Short, M.D., D.P.H.
Assistant Tuberculosis Officers	... ...	<div style="display: flex; align-items: center;"> <div style="flex-grow: 1;"></div> <div style="border-left: 1px solid black; padding-left: 10px; margin-left: 10px;"> D. B. Pascall, M.R.C.S., L.R.C.P. C. C. Meccredy, M.B., B.Ch. </div> </div>
Medical Superintendent, Quantock Sanatorium	... ...	V. C. Martyn, M.R.C.S., L.R.C.P.
County Analyst and Bacteriologist	... ...	D. R. Wood, F.I.C.
Deputy County Analyst	... ...	E. T. Illing, B.Sc., A.I.C.
Qualified Laboratory Assistant	... ...	E. G. Whittle, B.Sc., A.I.C. and seven non-qualified assistants.
Dental Officers	... ...	<div style="display: flex; align-items: center;"> <div style="flex-grow: 1;"></div> <div style="border-left: 1px solid black; padding-left: 10px; margin-left: 10px;"> G. Nicolson, L.D.S. J. C. Crossley, L.D.S. P. D. Copeland, B.D.S. L. E. Scull, L.D.S. B. D. Britten, L.D.S. Miss P. Ryan, B.D.S. </div> </div> <p style="text-align: right;">with six dental attendants.</p>
Propaganda Officer	... ...	... Miss M. E. Sewell, B.Sc.
Supervisor of Midwives	... ...	... Miss M. D. Stewart, H.V.cert., S.R.N., S.C.M., Queen's Nurse.
Assistant Supervisors of Midwives	... ...	<div style="display: flex; align-items: center;"> <div style="flex-grow: 1;"></div> <div style="border-left: 1px solid black; padding-left: 10px; margin-left: 10px;"> Miss M. D. Higgs, S.R.N., S.C.M., A.R.San.I., Queen's Nurse. Miss F. Heaney, H.V.cert., S.R.N., S.C.M., Queen's Nurse. </div> </div>
County Sanitary Inspector	... ...	... W. Dewhurst, M.S.I.A.
Assistant Sanitary Inspector	... ...	... L. Gill, M.R.San.I., M.S.I.A.
Orthopaedic Sister	... ...	... Miss M. A. Mayor, C.S.M.M.G.
Light Treatment Sister	... ...	... „ M. H. Palmer, S.R.N.

Health Visitors	{ Miss J. M. Abbott, San.T.cert. ,, A. G. Bale, S.R.N. ,, I. M. Bere, S.R.N., H.V. cert. ,, S. W. Bishop, H.V.cert. ,, E. D. Broad, S.R.N. ,, T. M. Carpenter, S.R.N., C.S.M.M.G. ,, E. F. Dobinson, H.V.cert. ,, O. James, S.R.N., H.V.cert. ,, E. Owen, S.R.N., H.V.cert. ,, E. E. Scott, S.R.N. ,, L. E. Stickland, H.V.cert. ,, C. J. Wood, S.R.N., H.V.cert. Mrs. I. L. Mingay, S.R.N., H.V.cert. ,, S. Vaughan, S.R.N., H.V.cert.

Matrons of County Hospitals.

Quantock Sanatorium	...	...	...	...	Miss C. Neal, S.R.N.
Chard Sanatorium	...	...	...	...	,, W. A. Coppinger, S.R.N.
Compton Bishop Sanatorium	...	...	...	...	,, V. A. Gunton, S.R.N.

Part Time Staff.

Orthopaedic Surgeon	...	...	...	...	Dr. M. F. Forrester-Brown, M.D., M.S.
Obstetric Consultants	...	...	...	{ Mr. J. R. Nicholson-Lailey, M.B., L.R.C.P. Dr. R. S. Statham, M.D., Ch.M., F.C.O.G. Dr. D. A. Mitchell, M.D., B.S. Dr. H. J. Drew Smythe, M.R.C.S., L.R.C.P.	Mr. J. R. Nicholson-Lailey, M.B., L.R.C.P.
Infant Visitors	...	...	...		Dr. R. S. Statham, M.D., Ch.M., F.C.O.G.
Vaccination Officers	...	...	...		Dr. D. A. Mitchell, M.D., B.S.
Food and Drugs Acts	...	...	...		Dr. H. J. Drew Smythe, M.R.C.S., L.R.C.P.
				...	152 Nurse-Midwives act as District Nurse Health Visitors for the County Council.
				...	28 Vaccination Officers.
				...	2 Sampling Officers and assistants.

B. Nursing in the Home.

This service is carried out by the nurses employed under local associations, all of which are affiliated to the Somerset County Nursing Association. The entire County is now covered in this way.

The County Council pays a large grant to the County Association for the various services which are rendered, and there is a close co-operation between the two bodies.

The work of the County Association is of the best description and I believe that it can be said that in this Administrative County the services are fully efficient and that they are carried out in the best interests of the general population.

Few who are not associated with the work realise the enormous responsibilities of the County Association and the great amount of detail which must be organised by the local associations. These services may sometimes be taken too much for granted and, therefore, I take this opportunity of recording my high appreciation of all that is being done in this way. It is work of the greatest importance and it is indeed being done in a most satisfactory manner.

It has always been the policy of both the County Council and the County Association to raise and to maintain the standard of the nursing services in the area. In this connection it is of interest to note the high proportion of Queen's Nurses and other trained nurses now working in the County; again in 1938 only State Registered Nurses have been accepted for midwifery training.

The following are a few points to which I call special attention. The County Council is now responsible for the provision of eighteen Staff Nurses for relief and emergency work in the County; with few exceptions all the nurses now employed in the County are covered by pension schemes; two-thirds of the nurses now use cars for their work; the amalgamation of districts which has been completed is returning good results from the change and it is to be hoped that this general measure will continue to be applied wherever required throughout the County; and the educational facilities by way of special lectures, and in the near future by post-graduate courses, have continued and they have been well attended and appreciated.

Finally, nobody, and least of all the official health department of the County, can fail to pay tribute to the magnificent voluntary efforts made in this County on behalf of this service.

C. Treatment Centres and Clinics.

A notable addition to the clinics and centres of the County has been provided by the new Bridgwater Health Centre. This Centre provides general and special facilities under the best modern conditions for the services of Maternity and Child Welfare, Orthopaedics, Tuberculosis, Light Treatment and Venereal Diseases.

The general arrangement and equipment allow of the maximum scope of development in all these services, and, in addition, the main lecture room has been used for a number of purposes having a relation to health matters in the area.

D. Public Assistance Medical Services.

(i) **Public Assistance Hospital Services.**—These services were the subject of a comprehensive report during the year and the report with its recommendations have been submitted to the appropriate Committee.

Generally, the report was based on the adaptation of existing buildings and quarters to meet the new needs of this service, and, more particularly, on the need to improve hospital quarters and to provide on an extended scale for the reasonable and comfortable housing of the aged and infirm in hospital annexes.

There are eleven Public Assistance Institutions providing hospital quarters in the County.

(ii) **Poor Law Medical Out-Relief.**—The number of medical relief districts is 109; the number of district medical officers is 105 and among these is one medical officer whose whole time is devoted to public health service.

E. Institutional provision for the care of Mental Defectives.

The County Council have provided institutional accommodation at Sandhill Park and at three ancillary institutions.

The following is a brief summary of the institutional provisions:—

(1) **Sandhill Park, Bishops Lydeard.**—The County Education Committee have provided beds for 100 children, 50 girls and 50 boys. The children are between 7 and 16 years of age and they are of the educable feeble-minded grade. The School is a separate unit under a qualified and experienced Head Teacher. There are 161 beds provided under the Mental Deficiency Acts for 101 young women and 60 young men. The County Council have under consideration a scheme for the further development of the Colony, and it is hoped that the erection of the additional buildings required will be commenced in the early future.

(2) **Yatton Hall, Yatton.**—This Institution provides for 76 patients, 65 of whom are of the trainable imbecile grade, and 11 young women who carry out the domestic work under the direction of the staff.

(3) **Cambridge House, Flax Bourton** (appropriated for mental deficiency purposes in 1931).—There are at present 120 beds available. Structural alterations and adaptations are being carried out, and when these works have been completed there will be accommodation for additional patients. The majority of the patients are medium and low grade and a small proportion of higher grade, most of whom have been sent by the Courts.

(4) **West End House, Shepton Mallet** (appropriated for mental deficiency purposes in 1931).—Accommodation is available for 129 patients. This Institution is also in the hands of the contractors, and when the structural alterations have been completed there will be 20 additional beds. During the reconstruction, 30 selected patients have been accommodated at Clements House, Keynsham.

(5) **Royal Western Counties Institution, Starcross, Devon.**—The Somerset County Council is one of the participating Local Authorities.

General Note.—It will be appreciated that these services in the County of Somerset have a wide scope; they have also efficiency, and they deal with these particular problems in a most praiseworthy way.

(F) Mental Treatment Act, 1930.

The Mental Treatment Clinics are held regularly at these centres:—

Bath.

Royal United Hospital, on every Friday from 2.30 to 3.30 p.m.

Psychiatrists: Dr. John McGarvey, Medical Superintendent, Wells Mental Hospital.
Dr. Dawson, Bath.

Bridgwater.

New Health Centre, Mount Street, Bridgwater, on second and fourth Thursdays of each month from 2 p.m. to 3 p.m.

Psychiatrist: Dr. John Mackay, Cotford Mental Hospital, Norton Fitzwarren, Taunton.

Shepton Mallet and District Hospital.

On first and third Thursdays in each month from 2 p.m. to 3 p.m.

Psychiatrist: Dr. A. Darlington, Wells Mental Hospital.

Taunton and Somerset Hospital.

On first and third Wednesdays in each month from 2 p.m. to 3 p.m.

Psychiatrist: Dr. John Mackay, Cotford Mental Hospital, Norton Fitzwarren, Taunton.

Weston-super-Mare General Hospital.

On second and last Saturdays in each month from 11.30 a.m. to 12.30 p.m.

Psychiatrist: Dr. John McGarvey.

Yeovil General Hospital.

On first and third Tuesdays in each month from 11 a.m.

Psychiatrist: Dr. J. B. Methven, Cambridge House, Flax Bourton.

(G). Blind Persons Acts, 1920 and 1938.

The general work under these Acts is carried out by the Somerset Blind Association on behalf of and with grant from the County Council.

At the end of 1938 there were 944 persons in the County registered as blind, compared with 958 at the end of 1937. Certification by a medical practitioner with special experience in ophthalmology is required before registration. Where possible, we make use of the County Oculist, Dr. I. B. Georgeson, for certification purposes, and during 1938 he examined 105 cases, 65 of whom were admitted to the register.

Home Teachers.—An additional Home Teacher was appointed by the County Blind Association during 1938, making a total of 6 teachers employed.

Home Workers.—There are 18 Home Workers under the supervision of the Bristol Royal Blind Asylum Workshops.

Relief of the Necessitous Blind and their Dependents.—This work is now carried out for the County Council by the Somerset Blind Association, the full scheme coming into operation on the 1st April, 1938.

General Note.—In this brief reference to work for the Blind in the County I would like to draw the attention of the County Council to the very fine services rendered by this Association. Their work is well known and it is very much appreciated. I have every confidence in this arrangement, and I am well aware of the great usefulness of the services so rendered on behalf of the County Council.

PREVALENCE AND CONTROL OVER INFECTIOUS AND OTHER DISEASES.

1. Hospital Provision.

With the exception of certain alterations at the Shepton Mallet and Weston-super-Mare Isolation Hospitals the general scheme for the Administrative County is now completed and this provision in Somerset is reasonably adequate and sufficiently modern to deal capably with the routine requirements of the area.

The complete scheme provides for the following beds at these Hospitals:—

Axbridge	...	...	...	...	40
Minehead	...	...	...	...	14
Paulton	...	...	...	...	26
Shepton Mallet	...	...	...	...	39
South Somerset	...	...	...	...	40
Taunton	...	...	...	...	54
Weston-super-Mare	...	...	...	...	32
Wincanton	...	...	...	...	14

In addition, by agreement, eases are reeeived from the Long Ashton, Clevedon and Portishead areas by the City of Bristol Isolation Hospital.

During the year, the South Somerset Hospital of 40 beds came into eommision and provides a first-class unit for the Yeovil, Chard and Langport areas.

It is with satisfaetion that I can testify to the Isolation Hospital provisions for this County being a eo-ordinated service despite the immense area covered by the individual hospitals. In a serious epidemic of typhoid fever during the year, the linking-up of these hospitals to serve the general needs of the County, while one hospital was reserved entirely for dealing with the aeute outbreak, demonstrated fully the wisdom of the Hospital Boards and the County Council in providing a scheme which in fact operates on a general basis. The application of this principle to similar hospital and other services would be extremely useful, for I am eonvined that, in a wide county area such as Sonerset, hospital or other units although they may well function individually in ordinary periods must in times of speelial need and stress be linked together to provide the maximum serviee to the population as a whole.

2. Acute Infectious Diseases.

Small-Pox.—I am glad to be able to report that there were no cases of small-pox during the year in the County.

The latest available vaccination figures show that in 5,044 births there were returned 1,146 successful vaceinations. This figure gives the percentage vaeinated as 23, varying from five per cent. in one area to forty-five per eent. in another area.

These figures illustrate the completely absurd position of the state of vaccination under the present regulations.

Diphtheria.—There were considerable outbreaks of this disease, notably in the Bathavon and Clevedon areas; in the Administrative County 297 cases were notified with 14 deaths, a case mortality of 4.7 per cent. This number of cases was more than double the figure for the previous year although the ease mortality was lower.

Scarlet Fever.—This disease was also prevalent with a wide distribution over the County. 426 cases (over four times the number for the previous year) were notified, but happily there were no deaths.

Encephalitis, Lethargica, Cerebro-Spinal Meningitis and Acute Poliomyelitis.—Notifications of these diseases will be found in Table VII. There was no epidemic prevalence in any part of the County.

Measles and Whooping Cough.—These diseases are not notifiable, but from the school records it is shown that there were considerable outbreaks of both diseases in several areas of the County. During the year there were seven deaths from measles and six deaths from whooping cough.

Enteric and Para-typhoid Fevers.—I regret to report a serious outbreak of Enteric Fever which occurred in the areas of the Bridgwater Rural District Council and of the Burnham Urban District Council. The epidemic has been the subject of a special report and I need therefore only refer to it in the briefest fashion.

The epidemic commenced towards the end of January and continued for several weeks. There were 44 cases notified and unfortunately nine deaths occurred.

Despite the anxieties and dangers of the situation which very easily might have passed far beyond the limits of Somerset, the precautionary measures undertaken from the start of the epidemic confined this very sharp and serious outbreak to its first limits of origin and at no time was there a single case of typhoid fever outside those limits.

NOTIFICATION OF INFECTIOUS DISEASES.

TABLE VII.

		Small Pox.	Scarlet Fever.	Diphtheria.	Enteric and Paratyphoid Fevers.	Puerperal Fever and Puerperal Pyrexia.	Ophthalmia Neonatorum.	Cerebro-spinal Meningitis.	Dysentery.	Malaria.	Pneumonia.	Acute Poliomyelitis.	Encephalitis Lethargica.
	URBAN												
Bridgwater		0	3	2	0	12	0	0	0	0	42	1	0
Burnham		0	11	8	0	0	0	0	0	0	16	2	0
Chard		0	1	0	0	0	0	0	0	0	4	1	0
Clevedon		0	0	33	0	0	0	0	0	0	0	0	0
Crewkerne		0	10	0	0	0	0	0	0	0	0	0	0
Frome		0	3	0	0	0	0	0	0	0	0	0	0
Glastonbury		0	5	0	0	0	0	0	0	0	0	0	0
Ilminster		0	3	2	0	0	0	0	0	0	0	0	0
Keynsham		0	12	1	0	1	1	0	0	0	0	0	0
Minehead		0	11	0	0	0	1	0	0	0	0	0	0
Norton-Radstock		0	18	3	0	0	1	0	0	0	0	0	0
Portishead		0	0	3	0	0	0	0	0	0	0	0	0
Shepton Mallet		0	19	0	0	0	0	0	0	0	0	0	0
Street		0	0	5	1	0	0	0	0	0	0	0	0
Taunton		0	23	13	1	5	0	3	0	0	0	34	0
Watchet		0	0	2	0	0	0	0	0	0	0	0	0
Wellington		0	8	1	0	0	0	0	0	0	0	3	0
Wells		0	1	0	0	0	0	0	0	0	0	0	0
Weston-super-Mare		0	45	6	0	11	0	0	0	0	0	15	0
Yeovil		0	16	49	1	7	2	0	0	0	0	15	2
	RURAL												
Axbridge		0	23	7	0	3	0	0	0	0	18	0	0
Bathavon		0	26	57	1	1	0	0	0	0	8	1	0
Bridgwater		0	11	0	29	1	2	2	0	0	6	1	0
Chard		0	34	4	0	2	2	0	0	4	1	0	0
Clutton		0	11	7	0	1	0	0	0	0	13	0	0
Dulverton		0	1	4	0	2	0	0	0	0	9	0	0
Frome		0	8	12	0	2	0	0	0	0	2	0	0
Langport		0	12	2	0	4	1	0	0	0	10	0	0
Long Ashton		0	32	30	0	3	2	0	0	0	14	1	0
Shepton Mallet		0	9	4	0	1	0	0	0	0	0	0	0
Taunton		0	9	14	0	3	0	0	0	0	0	16	0
Wellington		0	4	0	0	1	1	0	0	0	0	2	0
Wells		0	3	4	0	1	0	0	0	0	0	6	0
Williton		0	6	1	0	1	0	0	0	0	0	3	0
Wincanton		0	30	14	0	2	0	0	0	0	0	23	1
Yeovil		0	18	9	0	2	1	0	0	0	0	17	0
Urban Districts		0	189	128	14	44	10	2	14	1	153	12	1
Rural Districts		0	237	169	30	30	9	0	31	4	162	6	0
Administrative County		0	426	297	44	74	19	2	45	5	315	18	1

3. Cancer.

In Table II. will be found the actual number of deaths from cancer in the County divided into age groups; Tables III. and IV. show the deaths in the individual districts.

The cancer rate continues to increase as shown by the following figures, although there is no change in the rate for this year as compared with that for the previous year:—

Year.	No. of Deaths.	Rate per 1,000.
1911	447	1.1
1921	520	1.3
1931	715	1.8
1932	700	1.7
1933	649	1.6
1934	710	1.8
1935	677	1.7
1936	729	1.8
1937	786	1.9
1938	797	1.9

Of the 797 cancer deaths, 278 occurred in the age group 45 years and under 65 years, while 468 took place in the age group 65 years and upwards.

The increase in cancer deaths need not be taken as a new experience in the returns for the County. It is very likely that there has always been a heavy rate in respect of cancer, and that now, as a result of more accurate clinical methods and diagnosis, cases which previously may have been included under various causes of death are now returned as definitely cancer deaths. Another important factor in the increase in this rate, and one that very probably influences it very considerably, lies in the steady postponement of death in the general population, whereby the proportion of people of 65 years and over in Somerset continues to rise with a correspondingly greater risk rate.

Each year cancer claims a large number of lives in the County and gives rise to much suffering and anxiety. Despite comprehensive research, the control and the cure of the disease still remain obscure; the one real hope of cure lies in early treatment, and before we can make any impression on this dread disease the public at large must play their part in seeking medical advice without delay. To write such advice is easy; to follow it may not be a simple matter—yet the whole hope of improvement is centred on this point, and therefore all wise and properly balanced propaganda designed to bring this about must be encouraged strongly.

I feel definitely that unless we can convey this urgent need of early treatment to the public the improved schemes now contemplated for diagnosis and treatment will fail to carry the power that should rightly follow their adoption.

4. Diphtheria Immunisation.

In October a general scheme for protective immunisation against diphtheria was authorised by the County Council.

The scheme is divided into two parts. The first deals with children under five years of age, and this part is operated directly through the general practitioners; the County Council pays the fee and supplies the immunising material, and the necessary records affecting the work are

maintained in the Health Department. The second section of the scheme deals with children of school age attending elementary schools, and this is carried out by the whole-time County Council medical staff; the local authorities in which the schools are situated contribute to the County Council the cost of the immunising material.

Wide publicity has been given to the scheme through the County Propaganda service and, in its early stages, the results have been reasonably satisfactory. As was to be expected, the scheme progressed most favourably in those areas of the County in which diphtheria had been present recently or in which the disease is to some extent endemic.

In the first three months of working, 845 A.P.T. doses were issued and 390 completed certificates were received.

In the school section, a commencement was made in the district adjacent to Bath and Bristol where recently diphtheria of a severe type had been experienced. The percentage of acceptances varied from 50 to 70 of the average attendances.

At this stage there is no need for me to point out the value of this scheme; it is, however, to be hoped that the early success will be maintained and strengthened so that real benefit will result both to the individual and to the community.

VENEREAL DISEASES.

The attendances of Somerset cases at the various clinics for the past three years have been as follows:—

Clinic.	NEW CASES.				ATTENDANCES.			
	1936.	1937.	1938.	Increase or decrease during 1938.	1936.	1937.	1938.	Increase or decrease during 1938
Bath	15	18	13	- 5	196	222	249	+ 27
Bristol	47	65	41	- 24	586	640	677	+ 37
Taunton	70	85	61	- 24	1,032	937	1,020	+ 83
Yeovil	22	38	54	+ 16	674	780	632	- 148
Bridgwater	22	15	10	- 5	482	366	313	- 53
Frome	12	16	17	+ 1	295	150	139	- 11
Glastonbury	9	6	7	+ 1	252	102	105	+ 3
Minehead	3	10	37	+ 27	125	112	346	+ 234
Weston-super-Mare	66	58	64	+ 6	1,245	1,191	1,139	- 52
All Clinics	266	311	304	- 7	4,887	4,500	4,620	+ 120

The figures show a slight decline in new cases (7) and an increase (120) in total attendances.

Eighty-five per cent. of the new cases and eighty per cent. of the total attendances were at County Council clinics.

In some instances the attendances are relatively small, but it would be difficult in this wide County area to reduce the number of clinics. Generally the County Council Medical Officer has other duties in the area on the day of the clinic, and, therefore, any undue burden of expense for small clinics is lessened.

With the changing clinical outlook in certain aspects of treatment it may well be that venereal disease in the near future can be more easily dealt with than in the past. In County areas too large to have a central treatment nucleus the difficulties of efficient intermediary treatment have always been without solution, and, therefore, it is to be hoped that in some ways at least certain of these troubles will be minimised.

The general arrangements in connection with the scheme continue in force as previously reported.

During the year the following examinations were made:—

Samples.	For Clinics and Hospitals.	For Medical Practitioners.	Total.
Wasserman ...	484	131	615
Gonococcus ...	538	108	646
Spirochetes ...	0	0	0
Fixation and other tests ...	115	6	121
	1,137	245	1,382

TUBERCULOSIS.

The work has proceeded steadily during the year along the approved and successful lines and there were no fresh developments of importance.

TABLE VIII.

Year.	Phthisis Death rates.			Other Tuberculous Diseases			Tuberculosis Death-rate.	Deaths in a population of 406,000.	
	Rural.	Urban.	County.	Rural.	Urban.	County.		Phthisis.	All Tuberculosis
1901	0.88	0.84	0.871	0.18	0.23	0.202	1.073	354	435
1911	0.83	0.76	0.804	0.15	0.39	0.240	1.044	327	424
1921	0.63	0.76	0.685	0.16	0.30	0.220	0.904	278	367
1931	0.45	0.65	0.533	0.14	0.12	0.131	0.664	216	270
1932	0.50	0.62	0.554	0.12	0.10	0.115	0.671	225	272
1933	0.44	0.51	0.472	0.14	0.09	0.118	0.590	192	240
1934	0.38	0.48	0.426	0.12	0.09	0.106	0.533	173	216
1935	0.39	0.49	0.433	0.11	0.08	0.094	0.528	176	214
1936	0.30	0.42	0.354	0.07	0.11	0.086	0.441	144	179
1937	0.33	0.51	0.413	0.10	0.10	0.101	0.515	168	209
1938	0.39	0.51	0.449	0.06	0.10	0.079	0.529	182	215

The actual results achieved are more clearly seen when the figures are calculated on a standard population of 406,000 (last column) which is nearly the Administrative County population. This column shows that as many as 220 fewer persons died of tuberculosis in the County in 1938 than would have been the case in 1901 with the same population.

TABLE IX.

The following figures show the deaths and notifications since 1920:—

Year.	1920	1921	1922	1923	1924	1925	1926	1927	1928	1929	1930	1931	1932	1933	1934	1935	1936	1937	1938
Deaths.	358	350	366	354	317	312	268	287	305	290	253	268	273	239	215	213	178	208	214
*Notifications.	860	882	732	707	701	769	729	703	713	605	640	585	565	479	511	459	395	435	394

*These are primary cases only and do not include institutional cases.

Of the 214 deaths from tuberculosis in 1938, 37 were not notified.

TABLE X.

New cases of tuberculosis and deaths from the disease in the County during 1938.

Age Periods.	New cases.				Deaths.			
	Pulmonary.		Non-Pulmonary.		Pulmonary.		Non-Pulmonary.	
	M.	F.	M.	F.	M.	F.	M.	F.
0—1	2	0	1	0	1	0	0	0
1—5	0	3	3	6	0	0	2	2
5—10	5	7	14	8			3	1
10—15	7	4	12	7			3	
15—20	16	15	7	9			3	3
20—25	18	15	8	2				
25—35	32	38	5	7			5	3
35—45	34	28	3	6				
45—55	22	15	2	4			3	3
55—65	15	3	1	0				
65 and upwards	5	3	0	2			1	3
Totals	156	131	56	51	96	86	17	15

TABLE XI.

Tuberculosis Notifications and Deaths.

URBAN DISTRICTS.	Number of primary cases notified.		Number of Deaths during the year from Pulmonary Tuberculosis.	Number of Deaths during the year from other varieties of Tuberculosis.	RURAL DISTRICTS.	Number of primary cases notified.		Number of Deaths during the year from Pulmonary Tuberculosis.	Number of Deaths during the year from other varieties of Tuberculosis.
	Pulm.	Non- Pulm.				Pulm.	Non- Pulm.		
Bridgwater	14	10	12	2	Axbridge	13	7	6	2
Burnham	12	3	6	0	Bathavon	16	8	4	2
Chard	5	3	1	2	Bridgwater	21	4	16	0
Clevedon	5	1	3	0	Chard	5	2	1	0
Crewkerne	3	2	4	2	Clutton	3	2	6	0
Frome	3	0	3	0	Dulverton	6	0	4	0
Glastonbury	4	2	2	0	Frome	2	7	1	0
Ilminster	3	0	3	0	Langport	11	1	6	1
Keynsham	1	1	3	1	Long Ashton	11	9	8	2
Minehead	12	1	3	0	Shepton Mallet	6	3	3	0
Norton-Radstock	3	1	5	0	Taunton	13	2	4	1
Portishead	3	1	0	0	Wellington	2	2	3	1
Shepton Mallet	5	1	5	0	Wells	1	0	1	0
Street	1	0	3	0	Williton	11	2	4	0
Taunton	20	4	13	4	Wincanton	4	6	7	1
Watchet	2	0	2	0	Yeovil	9	6	12	1
Wellington	9	1	4	3					
Wells	2	0	2	0					
Weston-s-Mare	36	9	11	2					
Yeovil	10	6	11	3					
Totals	153	46	96	19	Totals	134	61	86	13

TABLE XII.
Admissions to Sanatoria during 1938.

Sanatorium.	Men.	Women.	Children.	Total.
Quantock	62	61	—	123
Chard	11	27	1	39
Taunton	22	12	—	34
Wincanton	21	—	—	21
Compton Bishop	—	—	46	46
Alton Hospital	—	—	3	3
Bath Ortho. Hospital	1	—	2	3
Swanage RedCross do.	—	—	1	1
	117	100	53	270

TABLE XIII.
All cases under treatment. Complete results as regards working capacity.

All years, (1912-1938).		Cured.	Working.	Not Working.	Dead.	Lost sight of or Removed.	Total cases.
Men	Cases	1,239	313	289	1,764	728	4,333
	Percentage	29	7	6	41	17	
Women	Cases	1,456	362	253	1,582	815	4,468
	Percentage	33	8	6	35	18	
Children	Cases	2,118	267	80	205	494	3,164
	Percentage	67	8	3	6	16	
Un- Classified	Cases	0	0	0	124	229	353
	Percentage	0	0	0	35	65	
Total	Cases	4,813	942	622	3,675	2,266	12,318
	Percentage	39	8	5	30	18	

TABLE XIV.

Table showing the work of the Dispensaries during the Year 1938.

DIAGNOSIS.	PULMONARY.				NON-PULMONARY				TOTAL.				GRAND TOTAL.	
	Adults.		Children.		Adults.		Children.		Adults.		Children.			
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
A.—NEW CASES examined during the year (excluding contacts)—														
(a) Definitely tuberculous	114	94	8	8	13	20	22	12	127	114	30	20	291	
(b) Diagnosis not completed	—	—	—	—	—	—	—	—	1	3	4	2	10	
(c) Non-tuberculous	—	—	—	—	—	—	195	191	140	107	—	—	633	
B.—CONTACTS examined during the year—														
(a) Definitely tuberculous	1	1	—	1	—	—	—	1	1	1	—	2	4	
(b) Diagnosis not completed	—	—	—	—	—	—	—	—	1	0	0	1	2	
(c) Non-tuberculous	—	—	—	—	—	—	—	—	24	86	109	149	368	
C.—CASES written off the Dispensary Register as—														
(a) Recovered	38	72	15	23	3	4	22	14	41	76	37	37	191	
(b) Non-tuberculous (including any such cases previously diagnosed and entered on the Dispensary Register as tuberculous)	—	—	—	—	—	—	—	—	224	279	253	260	1016	
D.—NUMBER OF CASES on Dispensary Register on December 31st—														
(a) Definitely tuberculous	551	542	77	60	51	73	120	90	602	615	197	150	1,564	
(b) Diagnosis not completed	—	—	—	—	—	—	—	—	2	3	4	3	12	
1. Number of cases on Dispensary Register on January 1st ..	1,643			2. Number of cases transferred from other areas and cases returned after discharge under Head 3 in previous years										
3. Number of cases transferred to other areas, cases not desiring further assistance under the scheme, and cases "lost sight of"	62			4. Cases written off during the year as Dead (all causes)										
5. Number of attendances at the Dispensary (including Contacts)	6,625			6. Number of Insured Persons under Domiciliary Treatment on the 31st December										
7. Number of consultations with medical practitioners—				8. Number of visits by Tuberculosis Officers to homes (including personal consultations)										
(a) Personal	594													
(b) Other	1,681													
9. Number of visits by Nurses or Health Visitors to homes for Dispensary purposes	11,451			10. Number of—										
(a) Specimens of sputum, etc., examined				(b) X-ray examinations made in connexion with Dispensary work ..										
11. Number of "Recovered" cases restored to Dispensary Register, and included in A(a) and A(b) above	2			12. Number of "T.B. plus" cases on Dispensary Register on December 31st										

TABLE XV.

Cases treated through the County Dispensaries.

Dispensary.	Persons treated at Dispensaries during 1938.		Under treatment at Dispensaries Dec. 31st, 1938.		Total Dispensary Attendances 1938.	Total Persons examined 1938.
	Insured.	Uninsured.	Insured.	Uninsured.		
Bath (County)	8	20	1	6	216	108
Bridgwater	89	180	25	56	1098	408
Bristol	21	1	5	1	133	78
Chard	16	19	7	10	329	93
Clevedon	5	27	1	8	374	111
Frome	6	17	0	9	103	57
Glastonbury	8	20	0	9	207	97
Minehead	16	40	5	13	530	206
Radstock	9	21	7	16	196	89
Shepton Mallet	7	18	3	7	183	78
Taunton	139	278	29	33	1071	577
Wellington	15	41	9	9	267	85
Weston-super-Mare	23	64	12	60	1000	284
Wincanton	1	23	0	8	148	77
Yeovil	39	70	6	25	770	298
	402	839	110	270		
		1,241		380	6,625	2,646

Quantock Summer Camp. Again this year unused buildings at Quantock Sanatorium were utilised for the Summer Camp for boys and girls. In each case a camp was held for three weeks, staffed by voluntary helpers obtained through the co-operation of the Universities of Leeds and Bristol, and the Taunton Branch of Toc H.

The children who attended the Camp were those selected on account of predisposition to tuberculosis, general debility, or undernourishment, or who lived in homes in which there was an actual case of tuberculosis. The open-air conditions under which the Camp was run, combined with good feeding, gave excellent results in general health benefits and weight increases.

The two camps were a great success, and a large measure of this was due to the excellent work of the voluntary helpers.

Tuberculosis Officer's Clinical Report for 1938.

Dr. Short, County Tuberculosis Officer, has written the following report dealing with the treatment given under the County Council scheme and the results obtained:—

The year 1938 was disappointing in that the number of deaths from Tuberculosis rose to 214 being 6 more than in 1937 and 36 more than 1936 when the County's lowest record was reached. The deaths were chiefly of pulmonary cases in adults, and they were not confined to any particular district of the County.

The period elapsing between the notification of a case and the death of that case varies widely. Of the 113 "County Scheme" cases who died last year, 42 had been notified less than twelve months, 81 have been notified less than three years, but the others had mostly been under treatment for five to ten years.

The new cases discovered and notified in 1938 were considerably less than in 1937, and this is encouraging as showing the value of the preventive work in the County under the County Scheme.

A further encouragement is the fact that only 121 new cases were found to have T.B. plus sputum, the lowest number of which we have any record.

The new non-pulmonary notifications rose by 16, this being almost entirely due to more cases of Tuberculous glands of the neck being discovered and placed under treatment—which should prevent them developing into pulmonary cases later.

Methods of treatment have remained the same, with an undiminished demand upon all our Sanatoria and Hospital beds and the continued use of collapse therapy and gold preparations, combined with vigilant home visitation and improvement.

The County Clinics have kept busy in most areas all through the year, particularly at Bridgwater, where the recent erection of large new factories has considerably increased the working-class population in an age-group which is peculiarly liable to the most dangerous type of Tuberculosis.

Another encouragement has been the fact that 191 cases were officially written off as "cured" during the year, after careful observation and testing, and that patients are remaining longer in the various County Sanatoria, thus decreasing their chance of relapse after discharge.

Sanatorium or hospital treatment was given to 270 cases. In addition many open-air shelters were provided, those in actual use on December 31st, 1938, being 52. The number of shelters available is 60. Milk, for a period of six or eight weeks, was provided for 95 cases, Dental treatment for 4 cases, X-Ray examinations for 99.

Treatment by the use of artificial pneumothorax has been continued and the cases dealt with are shewn in the following table:—

	At Dispensary or home of patient.		At Institutions.	Total.
Primary inductions	0	24
Refills	135	674

The new cases seen numbered 1,326, and were classified as follows:—

PULMONARY TUBERCULOSIS.	T.B.	Negative	...	...	122	
	T.B.	Positive Stage 1	...	...	4	
	T.B.	Positive Stage 2	...	...	90	
	T.B.	Positive Stage 3	...	...	27	
						243
NON-PULMONARY TUBERCULOSIS.		Bones and Joints	...	...	17	
		Abdominal	...	...	9	
		Other Organs	...	...	6	
		Peripheral Glands	...	...	38	
						70
Not Tuberculous	...	...	...	...	...	1,001
Diagnosis not completed on 31st December, 1938				...		12
						1,326
						—

L. J. SHORT.

It is appropriate for me to make a personal note with regard to Dr. Short, who completed in 1938, twenty-six years of service with this County Council, and who is, I believe, the senior serving Tuberculosis Officer in the country. Dr. Short's record is not only one of devoted and long service, but it is undoubtedly one of very considerable achievement. In the time in which Dr. Short has been responsible for this service in Somerset, a great and striking advance has been made both in the prevention and the control of tuberculosis, and he has played the major part in a development which is outstanding in the progress of preventive medicine in this County. It is with considerable pleasure that I draw the attention of the County Council to these facts, and, at the same time, I would pay a tribute to one who has done much in the interests of the service and of the people of Somerset.

Quantock Sanatorium. The Medical Superintendent, Dr. V. C. Martyn, has furnished the following report:—

The Sanatorium has been open for the reception of 68 cases (33 males and 35 females) throughout the year. During this time 123 cases have been admitted, of whom 62 were males and 61 females. 128 patients were discharged, 68 males and 60 females. 5 of these cases were not T.B., and there were 3 deaths. The average stay for female patients was 188 days and for male patients 193 days. This is an average of about 27 weeks for each patient.

Treatment was carried out as in previous years, *i.e.*, by rest, graduated exercise and work, good plain food, and open-air conditions.

Artificial Pneumothorax was attempted in 19 cases. There were 160 refills for in-patients and 25 for out-patients and aspirations and replacements by air. This treatment was attempted in all suitable cases, but, unfortunately, a great many of the cases were too far advanced for this to be done.

Phrenic Evulsion.—This most useful help in treatment has been done, as in former years, at Minehead Hospital, by Messrs. Walker and Tatlow. The only charge made is for the maintenance of the patients while at Minehead for the few days they are there. I am very grateful to them for so kindly doing it. Six cases had the operation, all successfully.

X-Ray.—There were 474 cases screened and 107 films were taken. A new Fluorescent viewing screen was obtained, as the old one was worn out.

Sanocrysin.—24 cases were treated by this method. Many of them did very well, but in some cases the treatment had to be abandoned. This, also, in suitable cases is a most useful help in treatment.

Central Heating.—This has improved the Sanatorium enormously, both by keeping the air in the corridors drier and also by lessening the hardship of a Sanatorium life and preserving the fabric.

Verandah.—This is most useful, enabling patients who cannot get downstairs to be in the open.

Water Supply.—By the laying of approximately 600 yards of new pipe, the supply is now adequate; but the reservoir requires repair, especially in case of fire.

Staff Patients.—By being employed here at a nominal salary, two men and one woman are not only deriving great benefit from the long treatment and observation, but also are a very great help to the Institution. This scheme should be extended.

Recreation and Amusement.—Mrs. J. B. Clark has very kindly refurnished the Women's Recreation Room. Anything that helps to make patients comfortable and happy while here is a very great asset in treatment, and this undoubtedly will do so.

We are very grateful to the ladies and gentlemen who so kindly come out to give concerts and show cinematograph films, etc., and also to those who give money towards the Patients' Comforts Fund and provide magazines, fruit, flowers, books, etc.

Billiards matches, which are always very popular, have been more frequent this year, and suitable games are provided for those patients who are allowed to play them.

Chaplain.—We were all very glad to welcome back Rev. S. H. Sheddell after his serious illness.

Once more I wish to thank Dr. Mecredy, Matron, Sister and the Nurses; also the outdoor staff for their loyal co-operation and willing work on behalf of the patients.

RESULTS OF TREATMENT.

WEIGHTS.

Increase in weights in Kilos. (1 Kilo = 2.2 lbs.)

	1-6	6-12	12 and over.	Total.
Males	36	17	2	55
Females	26	18	2	46

The average gain in weight of 101 patients weighed on discharge = 5.47 kilos.

,"	,"	55 male patients	,"	,"	=	5.01	"
,"	,"	46 female patients	,"	,"	=	6.03	"

The average loss in weight of 18 patients weighed on discharge = 1.96 ,.

Nine patients were not weighed on discharge, including 5 not T.B., and there were 3 deaths.

Working capacity of patients on admission and discharge.

	<i>Full Working Capacity</i>		<i>Fit for light work.</i>		<i>Unfit for work.</i>		
	Admission.	Discharge.	Admission.	Discharge.	Admission.	Discharge.	
Males	...	0	37=57.81%	0	4=6.25%	64	23=35.94%
Females	...	1	23=41.07%	0	11=19.64%	55	22=39.29%

On admission 99.17 per cent. were unfit for any work. On discharge 50 per cent. of all patients were fit for full work; 12.5 per cent. for light work; and 37.5 per cent. were unfit for work.

Classification on admission of patients discharged during 1938.

Classification.	M.	F.	Total.	%	Tubercle Bacilli.				
					Positive.	Negative.	M.	F.	
Early	...	19	14	33	27.50	0	0	19	14
Intermediate	...	36	38	74	61.67	21	14	15	24
Advanced	...	9	4	13	10.83	8	3	1	1

Complications presented by patients were:—Pleurisy, Larynx infection, Bronchitis, Ischio-rectal Abscess, Pleura, Abdomen, Emphysema, Meningitis, T.B. Elbow, Hydropneumothorax, Enteritis.

TABLE XVI.

QUANTOCK SANATORIUM.

Duration of Treatment and Condition on Discharge.

		Under 3 months.			3—6 months.			6-12 months.			More than 12 months.			Totals.			Grand Totals.	
		M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.		
Quiescent		5	3	0	10	9	0	7	5	0	0	0	0	22	17	0	39	
Not quiescent		0	2	0	1	0	0	0	1	0	0	0	0	1	3	0	4	
Died in Institution		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Quiescent		0	0	0	0	0	0	6	2	0	0	1	0	6	3	0	9	
Not quiescent		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Died in Institution		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Quiescent		1	1	0	3	0	6	7	0	0	0	0	0	8	11	0	19	
Not quiescent		2	0	0	4	3	0	9	6	0	3	3	0	18	12	0	30	
Died in Institution		0	0	0	0	0	0	1	0	0	0	0	0	1	0	0	1	
Quiescent		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Not quiescent		2	1	0	0	0	0	3	1	0	1	0	0	6	2	0	8	
Died in Institution		0	1	0	0	0	0	0	0	0	0	0	0	1	0	0	1	
																	111	

In 36 out of 62 men discharged the disease was quiescent = 58.06 per cent. In 31 out of 49 women discharged the disease was quiescent = 63.26 per cent. 10 cases who had been admitted for observation were discharged; 5 were found to be tuberculous and are included in the above figures. The remaining 5 cases were discharged as being non-tuberculous. No cases who were at the Sanatorium less than 28 days have been included in the above figures.

Chard Sanatorium. The Visiting Tuberculosis Officer, Dr. D. B. Pascall, has furnished the following report:—

During the past year the beds provided have been the same as before—20 pulmonary beds downstairs for female patients, 14 beds for male surgical orthopaedic cases and 14 beds for female surgical cases.

There were admitted during the year:—

- 17 Pulmonary cases.
- 10 Non-Pulmonary cases (female).
- 12 Non-Pulmonary cases (male).

From the pulmonary wards there were 14 discharges and 3 deaths; from the female surgical ward 10 discharges, and from the male surgical ward 9 discharges and 1 death.

The number of patients on January 1st was 43 and on December 31st, 45. The number of bed cases for the year was 63%.

Treatment was carried on as usual by a general Sanatorium regime for all; most of the surgical cases had, in addition, local fixation by plaster, frame or splints. Gold and cadmium have been used as auxiliaries. Four inductions of artificial pneumothorax were done and there were 337 refills.

The X-Ray apparatus has been in use all the year without incident; the films taken were 303, and 247 screenings were done.

The problem of finding nursing and domestic staff has been increasingly difficult through the last year. The Sister left early in the year and was replaced by promoting Nurse Coombes to the Sister's post, a change which has worked well. She has given able and willing work as Sister, but the vacancy for a trained Staff Nurse has never yet been filled. All efforts have been made to make the Nurses comfortable and happy, but I am afraid the staff difficulty is not a local but general problem and the solution does not yet seem to be in sight. At the end of the year we lost the services of Dr. Sutherland, and I am afraid we shall miss his ripe experience and wide knowledge of general medicine.

Every effort has been made to keep up the morale of the patients in their long and trying illness. The new wireless in each ward is much appreciated and is a great help to that end, and Matron has been able to arrange for at least one concert or entertainment a month, keeping the happy mean between too much and too little.

We have recently had several very bad cases in at the same time, which has entailed extremely heavy nursing, and I am afraid the off duty time of both the Matron and Sister has been encroached upon. I very much dislike this, but every effort to obtain extra help from temporary nurses has been most disappointing in its results.

I should like to express my thanks to the Chairman and members of the Committee for their support, and to Dr. Sutherland and Dr. Walley for their perpetual readiness to help; and especially to the Matron and all her staff for their loyal support and backing throughout the year and their willingness to carry out the high tradition of nursing by at all times putting the welfare of the patients first.

Compton Bishop Children's Home. Dr. Short has furnished the following report:—

During the year 25 boys and 21 girls were admitted, and of these 11 boys and 11 girls were under 10 years of age. One girl was over school age, but joined in some of the school routine when able to do so.

All the cases had definite or suspected tuberculosis of the lungs and several had complications, including T.B. glands, T.B. peritonitis, and chronic septic skin infections. An unusually large number of children had inter-current non-tuberculous affections this year, all needing special treatment. Amongst these were a boy with double Coxa Plana, who has been transferred to Bath Orthopaedic Hospital; a girl with blockage of the Lachrymal Duct, who was sent to Bristol Eye Hospital; two definite and one suspected case of acute Appendicitis, who were urgently admitted to Weston-super-Mare Hospital; and twelve cases of Mumps, who were nursed at the Home itself.

All these cases got over their troubles very well, except the first mentioned boy, who will need special treatment for two or three years.

The average stay for "definite" (notified) cases was 38 weeks, and for observation cases 12 weeks. The discharges numbered 53, 25 boys and 28 girls, who will be kept under regular supervision at the County Clinics.

We are constantly hearing of the continued good health and success of former patients of the Home. One ex-patient has just finished her four years' Nursing training with great credit, and has been awarded the Gold Medal by her Hospital Committee.

This seems to me to be an additional proof of the permanent value of the work which is being done at the Home.

MATERNITY AND CHILD WELFARE.

The Midwifery Service.

In last year's report the general scheme under the Midwives Act, 1936, was mentioned and the arrangements then commenced have progressed steadily during this year.

The co-operation between the County Council as the Local Supervising Authority and the County Nursing Association is thoroughly and securely based, and the results obtained are of the most satisfactory description.

A brief report on the working of the Midwives Acts for the year 1938 is as follows:—

The number of certified midwives who notified their intention to practise during the year are as follows:—

Under Committees	...	...	294
Independent	...	...	38
			<hr/>
			332
			<hr/>

These midwives may be grouped as follows:—

Queen's Nurses	...	...	...	...	...	...	99
Three years trained	...	...	...	...	...	...	49
Two years trained	...	...	...	...	...	...	13
Village Nurse Midwives	...	...	...	...	...	...	165
Midwifery training only	...	...	...	...	...	...	6
							<hr/>
							332
							<hr/>

According to their arrangements for working they form two classes:—

1. Midwives working under Committees:							
(a) Those working under the S.C.N.A.	...	...	...	...	...	...	249
(b) Those working for independent Associations	...	...	...	...	...	...	45
2. Those working as independent Midwives	...	...	...	...	...	...	38
							<hr/>
							332
							<hr/>

Out of the 249 midwives who worked under the S.C.N.A., 32 resigned and 5 notified for emergency work only, leaving 212 still at work. Of the 45 who notified under independent Associations, 6 resigned, leaving 39 still at work. Of the 38 trained midwives working on their own, 4 had no midwifery or maternity case, which left 34 actually at work. Eight worked only as maternity nurse under a medical man.

Note.—It will be observed that of the 332 midwives notifying their intention to practise in 1938, no fewer than 148 were either Queen's Nurses or nurses with three years' training. The progression towards raising the standard of the midwives in the area has been steadily advanced and this position in Somerset is very satisfactory.

The amalgamations of smaller districts are increasing, and during the year six such amalgamations have been effected; several more are under consideration.

This policy is one which can be very strongly recommended. It is natural that it may on occasions be a little difficult for areas to give up to some extent their individuality, but in the long view of experience there can be no doubt of the wisdom of this measure. From the financial point of view there are strong considerations in its favour, while in the continued attempt to improve the standard and status of the Midwives it is essential to provide a reasonable scope of service and work for them. All these things can best be done by broadening the basis of the nursing units and so giving them some incentive and drive to provide first-class service for the people of the area.

The educational side of the work under the Midwifery Service has been continued, and special lectures were arranged and were well attended at Weston-super-Mare and Minehead.

The percentage of 1938 births in the County attended by the nurses as Midwives was 55.7.

Summary for all Midwives during the Year.

Cases attended as midwife ...	...	...	...	...	...	3,015
" " monthly nurse ...	...	...	...	...	...	1,618
Doctor sent for mother ...	...	...	...	...	...	1,273
" " child ...	...	...	...	...	...	192
Stillbirths ...	...	...	...	...	...	55
Death of mother ...	...	...	...	...	...	7
" " child ...	...	...	...	...	...	31

The midwives working under Committees attended 2,880 midwifery and 1,543 maternity cases, those working independently 135 midwifery and 75 maternity cases. The Association midwives showed an increase of 71 midwifery and 88 maternity cases, the independent midwives an increase of 35 midwifery and a decrease of 30 maternity cases.

Only one independent midwife had more than 25 midwifery cases, and her number was 45. Eight of these midwives had no midwifery cases but between them attended 32 maternity cases, while 4 had no cases at all.

Number of Inspections.

During the year 724 visits of inspection were made to Midwives, representing an average of 2.5 visits to each Midwife.

Number of visits to midwives	...	738
Number of inspections made	...	724
Not at home, could not be found	...	14
These were :—		
Satisfactory	...	722
Fairly satisfactory	...	1
Unsatisfactory	...	1

Special visits have been paid regarding discharging eyes, puerperal pyrexia, rise of temperature and phlegmasia alba dolens; these cases were kept under observation. All recovered with the exception of three cases of puerperal pyrexia reported under deaths of mother.

Deaths of Mother.

Seven were recorded during the year in which midwives were in attendance, a decrease of four on last year. In 3 they attended as midwives, in 4 as maternity nurses. The causes of death were :—

Puerperal sepsis	...	...	...	2
Toxæmia of pregnancy	...	...	...	1
Hæmorrhage	...	...	...	1
Complicated difficult labour	...	...	...	1
Non-obstetric	...	...	...	2
			—	7
			=	

Doctor called in by Midwives under the rules of the Central Midwives Board.

Doctors were called in 1,273 times for the mother, and 192 for the child.

The percentage of cases for which the doctor was called in is 48.6.

Under Section 14 of the Midwives' Act, 1918, the County Council pays the fees of doctors called in to assist midwives under the rules of the C.M.B. Under the contributory scheme a fee of 5/- is paid, and the County Council only seeks to recover these fees from persons who fail to take advantage of it. During the year 1,144 doctors' accounts were paid under the contributory scheme, at a cost of £1,621 11s. 6d., while the contributory fees were £668 7s. 6d., the deficit payable by the County Council being £953 4s. 0d. The average doctor's fee per case was £1 8s. 4d. Fees amounting to £99 16s. 6d. were paid in 79 cases not coming under the scheme, and of this £31 19s. 6d. has been recovered while there is £21 18s. 6d. still due from 29 of these cases. Assuming that at least £10 outstanding is recovered, the cost of working this section of the Midwives' Act for 1938 was, therefore, £1,011 1s. 0d., apart from Central Office expenses. This is £19 17s. 6d. more than in the previous year.

Most of the work of supervision has been carried out by Miss M. D. Stewart, Supervisor of Midwives, and her two assistants. I am fully satisfied with their work which is always of a high standard.

Ante-Natal and Post-Natal Work.

In May, 1938, the ante-natal sessions held hitherto in connection with most of the Infant Welfare centres were superseded (except temporarily in the Minehead area) by the full County scheme for ante- and post-natal services under arrangements made with private medical practitioners.

Under this scheme the total numbers of mothers ante-natally examined and of cases post-natally examined were respectively 662 and 186, at a total cost to the County estimated at £309 2s. 6d.

The total number of women who attended the ante-natal clinics at Infant Welfare Centres in the early months of the year was 293, and during this period, in addition to work carried out at these centres, 52 ante-natal examinations and 7 post-natal examinations were made through the Flying Clinics.

I am satisfied that this rearrangement of the scheme has returned greatly increased value in its general working and results. For one thing an unfair responsibility has been lifted from the practising midwives, and for another the present facilities make these examinations available for women in all parts of the County. Previously, the operation of the scheme was by necessity restricted to women living within convenient travelling distance of an established clinic and to the small amount of work which could be undertaken by flying clinics. Finally, under this scheme, continuity of medical assistance is secured and the doctor called (if necessary) to the confinement is the one who already knows the case through his ante-natal examinations.

In a wide area like Somerset, the clinic system is extremely limited in its functions and in its service; it is clearly impossible for a large section of the population to utilise fixed clinics, and, therefore, where it is possible, the alternative of taking the service to the people is the only one of real value.

This particular scheme has been very successful and it has been welcomed in all quarters. Its value to the midwifery services of the County is already proved beyond any doubt.

Consultants for Midwifery Scheme.

Under the County Scheme which provides for specialist consultants in the Taunton, Bristol, Bath and Wells areas, 57 cases were accepted and dealt with by the four consultant officers.

This service is of immense value, and it is definitely helping to lessen the risks and dangers of child-birth. The general practitioners in the County appreciate highly the help which they may now obtain for special or complicated cases, and the service is vital to the protection and safeguarding of maternal life and health.

Hospital Provision for Midwifery Cases.

The general arrangements for this provision have been continued with the necessary expansion where required.

Under the scheme special cases, after approval by the Health Department, can be treated at various maternity homes and general hospitals both within and without the County.

During the year 105 applications were received for assisted admissions to a maternity home or hospital. The County Council accepted responsibility for 64 of these cases.

It is interesting to record an analysis of these 64 cases, and this is as follows:—

Assisted Admissions to Maternity Homes or Hospitals, 1938.

Applications 105. Accepted 64. Refused 41.

64 Assisted cases. Reason for need of Institutional Treatment:—

Actual or anticipated obstetric difficulty	28
Medical complication	39
Housing	10
	—
	77
	—

(13 cases had two difficulties.)

Treatment:—

Medical treatment, normal delivery	...	17
Surgical Obstetric treatment	...	24
Medical and Obstetric treatment	...	10
Uncomplicated delivery	...	8
Pre-natal treatment only (returned home)		5
	—	
	64	
	—	

Results:—

Mothers:	Well	...	...	...	...	56
	Still in poor health	...	...	...	...	2
	Improved (confined later at home)					5
	Died	...	...	...	...	1
		—				64
		—				—
Babies:	Well	...	...	...	...	57
	Died	...	...	...	...	10
		—				67 (3 twins)
		—				—

All the mothers made good obstetric recoveries, although two remain in poor health. One mother died.

67 babies were born, of whom 57 survived.

Dental Scheme for Expectant and Nursing Mothers.

This Scheme operates partly through private dental practitioners and partly through dental clinics staffed by officers of the County Council.

Private Practitioners' Cases.

Of the 17 denture cases uncompleted at the end of 1937, 14 have been satisfactorily fitted and the patients are making proper use of the dentures; 2 patients refused to attend for further treatment after the first examination, and one was referred to her hospital league for extractions but no estimate was received for the dentures.

During 1938, 82 applications were received. 40 full dentures and 5 part dentures were fitted, and in every case a report has been received from a County Council Medical Officer or Health Visitor that the dentures were satisfactory and in use. Four cases were referred for extractions or remedial treatment only and one patient left the County before the dentures were fitted. Two patients were referred to their dentists for estimates but refused treatment. In the remaining 30 cases dentures are not completed, but patients are still attending for treatment.

Thirteen other applications for assistance were received, but 7 were not accepted as the patients were not eligible to come into the scheme, and 6 either refused to fill in financial particulars forms or estimates were not received from the dentists.

The 82 accepted applications were allocated to the following districts:—Bridgwater 32, Minehead and Watchet 14, Bath and Bristol 12, Wellington 9, Taunton 5, Wineanton 4, Dulverton 2, Weston-super-Mare 2, Chard 1, Wells 1.

Under the main scheme clinics were held as follows:—

Glastonbury Clinic.

This clinic has been in existence since the beginning of 1936. It is very well supplied with clinical material by Glastonbury, Wells and Street midwives, and patients also come long distances from the Polden Hills and the Mendips. Miss Abbott undertakes a great deal of personal service in rounding up patients and encouraging them to attend.

During 1938, 68 patients attended for the first time, 55 for extractions and dentures, 12 for extractions only and one for dentures only.

Twenty sessions were held, with 211 attendances, 1,025 extractions made, and two attendances for sealing, etc.

There were 207 attendances for denture treatment. The work done may be summarised as follows:—

Impressions	...	...	...	42
Bites	...	...	...	36
Try-ins	...	...	...	47
Plates inserted	...	...	...	34
Other treatment	...	...	...	48
				—
				207
				—

55 cases were recommended for dentures 23 dentures or part dentures were fitted satisfactorily. 29 cases are still attending for treatment. 3 cases attended for the first time but refused further treatment.

Frome Clinic.

This clinic has been in existence since the beginning of 1937. It serves Frome Rural District and the town, and parts of Shepton Mallet, Clutton, and Bathavon Rural Districts, and has proved to fulfil a need. Midwives send or bring in patients and the attendance is well maintained.

During 1938, 42 patients attended for the first time, 37 for extractions and dentures and 5 for extractions and fillings only.

Twenty-two sessions were held, with 149 attendances, 553 extractions made, and 22 attendances for sealing and other treatment.

There were 131 attendances for denture treatment. The work done may be summarised as follows:—

Impressions	...	...	...	37
Bites	...	...	...	31
Try-ins	...	...	...	31
Plates inserted	...	...	...	31
Other treatment	...	...	...	1
				131
				131

37 cases were recommended for dentures, 15 dentures or part dentures were fitted satisfactorily, 22 cases are still attending for treatment.

Maternal Mortality.

This is included in two groups in the Registrar General's returns, and the returns will be found in the appropriate tables.

The two groups are "Puerperal Sepsis" and "Other Accidents and Diseases of Pregnancy and Parturition".

The deaths from these causes in the ten-yearly interval periods from 1918 are shown in this Table as follows:—

		1918	1928	1937	1938
Puerperal Sepsis	...	8	14	3	4
Other Accidents and Diseases of Pregnancy and Parturition	...	20	12	15	10
TOTAL	...	28	26	18	14
Rate per 1,000 Births	...	5.14	4.36	3.23	2.59

It will be noted that the maternal mortality rate for the County shows a reduction and, in fact, this year's rate is the second lowest experienced in the County during the last twenty years; it compares favourably with the rate of 3.08 for England and Wales.

Each maternal death is separately investigated and all the circumstances are examined in detail.

The good results in this County arise, as they must do, from team work and from a combination of efficient services. On the County Council side generous facilities are available for dealing with midwifery work, and these facilities are reinforced by a consistently high standard in the practising midwives with the full co-operation of the practising medical profession.

Even with this satisfactory result no effort must be spared in obtaining still greater and uniform safety in the conduct of midwifery, for on its successful results depend issues which are at once individual and communal in their importance.

Puerperal Sepsis.

During the year 74 cases of Puerperal Pyrexia were notified. Arrangements have been made with different Hospitals to take in County cases, and facilities are offered. During 1938 fifteen cases were so admitted. The Hospitals with which arrangements have been made are the following:—

Bath Royal United Hospital, Bridgwater Hospital, Bristol Royal Infirmary, Chard Hospital, Minehead Isolation Hospital, Taunton Isolation Hospital, Yeovil Hospital.

In this connection, I must refer to the work of the special unit at the Taunton Isolation Hospital. This unit has not been in commission for very long but its services have been outstanding and the results from this Hospital have been consistently good. To accomplish this, not only is there highly skilled medical and surgical attention but there is nursing of the most efficient type. The addition of this unit to the County's general scheme has been extremely valuable, and it certainly plays an important part in saving maternal life which is heavily threatened.

CARE OF INFANTS AND CHILDREN UNDER SCHOOL AGE.

(a) **General.** I believe very firmly in the view that in the vast majority of cases infants are born physically healthy; equally, I believe that their physical development depends largely on the conditions of life available to them from birth onwards.

In holding this opinion a heavy charge of responsibility falls not only on controlling authorities and their medical staffs, but on the public in general and on parents in particular.

If I am correct, this means that, in a great many instances at least, the newly born infants will grow up to average standards of health and physique if they are given that environment and that living chance in life which will promote their welfare. I would point out carefully that by this I do not imply extravagant proposals; on the contrary, I mean only those things which should normally and properly be available for each small life born into the world. In other words, to give it that start and that foundation on which its whole subsequent life may be properly based.

I feel that the Health Services to-day have no greater duty to the individual, to the community, and to the nation than this one of starting off child life securely and maintaining it so through its early periods.

We are accomplishing a good deal in this work. In a relatively short period of time infantile mortality has been halved; instead of losing nearly 700 children a year the figure has been reduced this year to 226. In this work alone the gain has been immense and particularly vital is it in relation to the state and type of the general population.

It is sometimes said that through this work we are only keeping alive really unfit lives which, in the words of some, would have been better weeded out by nature as in the old days. Such an opinion is grotesque, and it cannot be substantiated. It is my view that a great many of these so-called unfit lives which died in the terrible waves of infantile mortality in the past would have survived and survived in normal physique if they had been given proper personal

and environmental chances in life. In my opinion, the infantile mortality of the past was not that of sickly sub-normal infants, but largely that of infants pressed to extinction for want of those essentials required to hold and to build up delicate and untried bodies.

To-day, and for some years back, we are stemming this tide, and it is of supreme interest to find that in the medical examinations of our young men of to-day at the age of twenty the physique and general health standards have astonished and confounded all those whose doubting pessimism has criticised what they call the pampering of young life, and whose opinion it is that, despite social advancements and health progress, our young men were to-day too often physically inferior.

It may be thought that it is a far cry from infant life to the age period of twenty; in reality it is the shortest step, and in the consideration of all infant welfare schemes the nearness and vital influence of the young life of to-day on the adult life of to-morrow must never be forgotten.

It is my definite opinion that the maximum effort in money and in service should be devoted to building up lives that are young, with a progressive reduction in what is now expended on lives that can merely be patched.

It may be said that my views are idealistic and take no account of economic and other pressing matters. I do not agree, for I know well these difficulties; I know equally well that with proper effort many of them can be overcome. This question is one of national charge and there can have been no periods in this country's history when healthy young life is more vital than it is to-day.

To my mind there are two main sections in this work; there is what I call the public section—that which combines the efforts of Health Departments, general medical practitioners, health visitors and nurses—the work of education, prevention and treatment that is carried on in the homes, in the clinics and in the hospitals; and the other section—the private one—which concerns in the main parents, and which deals with their obligations to their children—their proper feeding and housing, their sensible general control, and, last but not least, the financial ability of the parents to maintain them properly.

The County Health Department endeavours to meet both these sections of work and the solid results are becoming apparent. Much still requires to be done, but perhaps I may be allowed to say that the County Council of Somerset has never failed to appreciate the value of this work and to promote its progress.

(b) Visits and Advice in the Homes. This work is largely carried out by the district nurse-health visitors and the whole-time Health Visitors assist in it. In this way during the year 2,650 visits were made in rural areas and 1,573 visits in urban areas; the total number of visits was 4,223.

This service is well supervised, and it is carried out with commonsense and intelligence. Its value to the mother in the home is very great and much useful educational and preventive work is accomplished quietly in this way.

(c) **Infant Welfare Centres.** At the end of 1938 the Centres in the County, exclusive of those at Yeovil, Taunton and Weston-super-Mare which are outside the County Scheme, were:—

Centre.	Day of week open.	Frequency of Meetings.
Bridgwater	Friday	Every week.
Chard	Friday	1st and 3rd Friday in every month. Doctor 1st Friday.
Chewton Mendip	Wednesday	1st and 3rd Wednesday each month. Doctor once a month.
Clevedon	Thursday	Every Thursday except 1st in month. Doctor last Thursday each month.
Crewkerne	Tuesday	Alternate weeks.
Curry Rivel	Thursday	1st Thursday in each month.
Frome	Tuesday	Every week. Doctor 2nd Tuesday.
Glastonbury	Wednesday	1st and 3rd Wednesday each month. Doctor 1st Wednesday.
Harpree	Tuesday	Alternate weeks.
Long Ashton	Monday	Alternate weeks. Doctor once a month
Mells	Friday	Fortnightly. Doctor 3rd Friday
Midsomer Norton	Tuesday	1st and 3rd Tuesdays Doctor 1st Tuesday
Minehead	Tuesday	Every week. Doctor 1st Tuesday in every month.
Pill	Wednesday	1st and 3rd Wednesday in every month.
Portishead	Friday	Alternate weeks.
Radstock	Thursday	1st and 3rd Thursday. Doctor 1st Thursday
Shepton Mallet	Friday	Twice monthly
Street	Wednesday	Every week. Doctor alternate weeks.
Timsbury and Tunley	Friday	Alternate weeks in each area. Doctor 2nd Friday
Wellington	Thursday	Every week. Doctor alternate weeks.
Wells	Tuesday	2nd and 4th Tuesday in every month.
Westbury sub-Mendip	Thursday	2nd Thursday in each month
Wraxall	Friday	1st and 3rd Friday in every month Doctor once a month (1st Friday).

The Centres at Bridgwater, Midsomer Norton and Radstock are directly controlled by the Council with the valuable assistance of local Committees; and the County Council also make grants towards the expenses of all the others.

Bridgwater Infant Welfare Centre.

Births. During 1938, the number of births notified in the Borough (including still-births and cases later transferred to other districts) was 445; of these 430 were attended by midwives. A doctor was called in to help the midwives in 133 cases. 15 babies died during the year, a rate of 52.1 deaths per 1,000 births.

<i>Home Visiting.</i>	No. of children on visiting list ...	...	...	...	860
	Total visits paid to infants	...	...	...	4,732
	Ante-natal visits paid	...	...	...	85
	Total visits paid during 1938	...	...	...	4,817

Milk Grants. 102 grants were made, at an estimated cost of £242. As far as possible it is made a condition that cases receiving milk attend at the Centre so that the benefit of the grants can be estimated. Were it not for the milk grants a very considerable number of mothers would be unable to breast feed who now do so.

<i>Centre.</i>	Number of individual children who attended the Centre	...	442
	Number of individual mothers who attended the Centre	...	392
	Average weekly attendance of children (under 1 year)	...	48
	Average weekly attendance of children (1 to 5 years)	...	55
	Average weekly attendance of mothers	...	65
	Total number of attendances (children 2,624; mothers 1,533)	...	4,157
	Total number of medical consultations for infants	...	801
	Total number of medical consultations for women (excluding ante-natal)	...	197

The medical work was carried out by Dr. Halliday

Ante-Natal Work. This was carried on until May both by home visits and by inviting attendance at the Ante-Natal Centre once a month. The total attendances were 57 with 55 women attending.

The figures show an increase in the amount of work undertaken by the Centre, and they are extremely satisfactory, especially when it is noted that the total number of attendances of children have increased from 2,440 last year to 2,624 this year, and that similarly the attendances of mothers have increased from 1,442 to 1,533.

The work of the Centre has been considerably helped by the new premises at the Bridgwater Health Centre. Every facility is available for the conduct of the work and the housing of this clinic under these conditions should materially add to its general value.

My department has been greatly assisted in the work of this centre by the local voluntary committee. This committee undertakes a great deal of arduous work and renders very valuable and willing assistance in every way. I do hope that the people of Bridgwater realise the fine efforts which are made by this Committee in the interests of the mothers and children of the area.

Radstock and Midsomer Norton Infant Welfare Centres.

In response to local applications it was agreed that infant welfare centres should be established in Radstock and Midsomer Norton.

Local Committees were formed, and Mr. Landray, Clerk to the Norton Radstock Urban District Council, has acted as Secretary.

Sessions are held twice monthly in each centre, *i.e.*, at the Scout Hall, Radstock, and the Women's Institute Hut, Welton, Midsomer Norton. Medical consultations are held alternate sessions and educational programmes are arranged for intermediate dates.

Equipment was supplied by the County Council, and Dr. Halliday acts as Medical Officer, attending once a month. The appointed Infant Visitors (the district nurses) attend and the work is carried on in direct relation to the existing Infant Welfare Schemes.

The first sessions were held in September, and up to the end of the year the average attendances were: Midsomer Norton 51 and Radstock 38.

The initial period of these centres has been very successful, and my Department is indebted to the local voluntary committees for their keen interest and valuable help.

(d) Medical Inspection of Three-year-old Children.

A commencement has been made with this work, but there are many practical difficulties in its way. Every effort is made to overcome these obstacles but we have not yet been able to secure a uniformly good basis for this service. The main hope of progress lies in linking the medical inspection of these three-year-old children to routine school medical inspection at infant schools and infant departments. With our available staff it is not possible to develop to any extent temporary clinics in the outlying districts, and this reason combined with others tends to defeat the use of "flying clinics" for this purpose.

During the year routine examination of 240 such children was carried out in the County.

(e) Treatment and supervision of abnormal children. These are dealt with in various ways. It is the duty of the Infant Visitors to report all infants not progressing properly and those with definite abnormalities. Many are seen by Dr. Halliday, and the appropriate treatment advised, some are seen by other members of the Staff, a few are referred to Infant Welfare Centres. A certain number have been seen by the County Oculist, as squint cases, and the appropriate treatment given. The aim is that all children not progressing properly should come under review at the Health Department, with the object that adequate treatment, if treatment is necessary, should be advised.

650 reports were received, including a few from doctors or through the Orthopaedic Centres. They include a miscellaneous series of conditions, and no scientific classification is possible. They have been grouped as follows to give an idea of the conditions to be dealt with:— Malnutrition 143, Rickets 46, Debility 79, Catarrhal 87, Minor Postural Defects 86, Orthopaedic 50, Eye Defects 43, Tonsils, Otorrhœa, etc. 17; other defects 99.

Under malnutrition are grouped children who fail to gain weight, and there is a constant supply of these, whose weight remains stationary for months at a time. Most of these are in poor families, *i.e.*, those whose income is well within the scale for free grants. A few are children whose diet is badly balanced, or who do not get sufficient rest, but poverty is also present.

An important weapon in improving nutrition is the authorisation of the County Council to make Milk Grants. Throughout the year milk was granted to necessitous cases under the Milk (Mothers and Children) Orders of the Ministry of Health. Grants were made to 3,289 cases, at an estimated cost of £1,167. Last year £993 was spent. The grants are carefully made and supervised, and given as allowances for specific public health purposes. Of the grants made, about 28 per cent. were to expectant mothers, 39 per cent. to nursing mothers, and 33 per cent.

to children under five years of age. Great care is taken to prevent abuse and to see that the milk is taken only by the person for whom it is intended.

The heading "other defects" includes about 49 reports received from Infant Visitors on cases of transitory illness, difficult feeding, etc. These were dealt with by milk grants, advice by letter or at flying clinics, etc., and usually a further report was received that conditions were now satisfactory. The other 50 were unclassifiable conditions where no definite action was indicated.

The figures show that many children get treatment with maltoline, oil and malt, etc., or are given treatment through one or more of the various County Schemes. For others it is only necessary to keep them under special observation. The number dealt with through their private doctors is increasing. More children are being referred by doctors to the County Health Visitors or to Infant Visitors for help with extra-nourishment, regulation of diet, etc., while the doctor provides any medical treatment required. It is to be hoped that this friendly co-operation will continue to develop.

The following is a summary of this work:—

Condition.	No. Reported.	Extra Nourishment Grant.	Treated at F.C. or I.W.C.	Treated Privately.	Treated by County.
Malnutrition	143	132	53	11	9 (a) 1 (f) 1 (e)
Rickets (early)	32	24	25	8	7 (c)
Rickets with deformity	14	1	4	6	14 (c)
Debility	79	57	32	18	17 (a) 4 (f) 1 (d)
Catarrhal	87	85	39	12	1 (a)
Tonsils and Adenoids, Otorrhœa, etc....	17	3	5	14	6 (g)
Minor Postural	86	24	39	24	19 (c)
Orthopædie	50	2	22	21	46 (c) 1 (a) 1 (h)
Eye defects (Squint)	37	—	14	1	33 (b)
Eye defects (other)	6	—	1	1	4 (b)
Miscellaneous	99	25	40	55	7 (a) 6 (c) 3 (d)
	650	353	274	171	181

(a) Mary Stanley Home 35

(b) County Oculist 37

(c) Orthopaedic Clinic 92

(d) Tuberculosis Clinie 4

(e) Public Assistance Institution ... 1

(f) Nursery Treatment 5

(g) Tonsils and Adenoids Operation 6

(h) U.V. Light 1

(f) Baby Hospital, Bridgwater. The Ward has been very fully occupied, and it has often been necessary to delay admissions and occasionally to refuse them. The diminution in numbers in May represented an effort to empty the ward on account of infection on the maternity side. During this period two infants were sent to other institutions and paid for and some were sent home under special supervision. All the babies did well, though some needed further care and received grants of extra nourishment at home.

The following is a summary of the year's work:—

Number in Ward, January 1st	...	...	...	...	...	...	5
Admitted during 1938	...	...	...	...	...	...	36
							—
							41

Conditions for which admitted (36):

Prematurity	...	...	...	...	...	...	10
Malnutrition	...	...	...	...	...	...	10
Feeding difficulty	...	...	...	...	...	...	9
Congenital feebleness	...	...	...	...	...	...	2
Respiratory conditions	...	...	...	...	...	...	2
Birth injury	...	...	...	...	...	...	1
Dentition	...	...	...	...	...	...	1
Tetany	...	...	...	...	...	...	1

Summary of results (41):

Discharged well	...	...	...	...	...	...	14
Improved	...	...	...	...	...	...	18
Died in Ward	...	...	...	...	...	...	1
Still in Ward, December 31st, 1938	...	...	...	...	...	...	8

Cause of Death:

Prematurity	1
-------------	-----	-----	-----	-----	-----	-----	---

Subsequent history of those discharged (32):

Satisfactory	...	...	...	...	...	...	18
Fair, still needing supervision	...	...	...	...	...	...	9
Poor, bad houses	...	...	...	...	...	...	2
Died	...	...	...	...	...	...	1
Recent	...	...	...	...	...	...	2

Average length of stay of cases discharged in 1938—11 weeks.

General Note.—This Baby Ward continues to give splendid service, and although small it is in its own way one of the most valuable units in the County Health Services. I cannot pay too high a tribute to the Matron and particularly to the Sister-in-Charge for their efficiency, and more than that—for their kindly devotion to these very poorly and ailing babies.

Special Institutional Treatment for Children from One to Five Years of Age.

Thirteen children received treatment. Two of these were premature infants for whom vacancies at the Mary Stanley Home were not available at the time. Two were orthopædic cases urgently needing general treatment on account of active rickets, for whom vacancies at the Orthopædic Hospital were not immediately available.

All these children responded to improved conditions, but they all had to return to particularly adverse home conditions. Most of them would have done better with continued prolonged care had accommodation been available:—

Children treated 13. Discharged well 3; improved 5. (Of these eight, improvement maintained 2; left County 1; still needing supervision 5.) Still under Orthopædic treatment 2; died 1; still in Home 2.

Note.—Though these cases are small in number they give an idea of what still remains to be done towards the improvement of conditions in infant life. It should be noted that all these children responded to better conditions and this illustration is one more proof of the need for better environmental circumstances in the home.

Ophthalmia Neonatorum.

During the year 19 cases were notified. The distribution of the cases is shown in Table VII. Under the Public Health (Ophthalmia Neonatorum) Regulations, 6 cases were sent to hospital under the County Council Scheme. In order to ascertain the condition of the vision, these cases are followed up for long periods. All the cases in which treatment was completed showed vision unimpaired at the time of the report.

Flying Clinics.

To enable abnormal children to be seen, and to help and encourage Infant Visitors in their work, the system of special occasional clinics, by Dr. Halliday and other medical members of the Staff, has been continued.

These clinics are not fixed in most instances, but are arranged irregularly as occasion arises and held at any convenient place. At the clinic the Infant Visitor presents such of the infants and children under five years about whom she is not satisfied as to their progress, and mothers who seek medical advice for their children. The Medical Officer also takes the opportunity to discuss the work and any difficulties. The method of procedure varies from the collection of a dozen or more children at the nurse's house, or at a room taken for the purpose, to the visiting of several scattered families in their own homes.

As a development of this service a permanent clinic has been established at Banwell. At this Centre 50 children made a total of 184 attendees and in addition 8 ante-natal cases and 34 children of school age were examined.

The work done at these Flying Clinics is shown in the following table:—

Medical Officer.	Infant Visitor districts visited.	Sessions held.	Numbers seen.				Total.
			Infants under 2.	Children 2-5.	Ante-natal	Post-Natal and others.	
Dr. H. R. Dugdale	6	16	124	120	15	7	266
Dr. D. G. Evans	23	65	503	375	1	4	883
Dr. D. V. Hague	27	28	130	117	5	7	259
Dr. H. M. Halliday	50	53	324	280	16	53	673
Dr. G. H. Pringle	16	38	200	181	15	46	442
Totals ..	122	200	1,281	1,073	52	117	2,523

Birth Control.

This is conducted along the special lines authorised by the Public Health Committee. During the year the number of applications received by Dr. Halliday for advice and assistance was 43, four cases being referred by the Tuberculosis Officer and the remainder through the local Infant Visitors.

Of these cases, 16 were seen and advised personally by Dr. Halliday, while the remaining 27 were referred to other clinics.

Nursing and Maternity Homes.

At the end of the year the number of homes on the Register was 47. They were all visited from time to time by Dr. Halliday or Miss Stewart to see that the premises were in order and the requirements of the County Council complied with as regards management.

Child Life Protection.

The supervision of children under nine maintained for reward, apart from their parents, is carried out by the County Council and administered by the Public Health Committee. All the Health Visitors act as Infant Life Protection Visitors.

The children on our Register at the end of 1938 numbered 209, and as regards methods of payment may be grouped as follows:—

Weekly payments	...	...	...	...	...	...	174
Single lump sum payment	...	...	...	...	...	...	0
Otherwise paid for (mostly monthly or irregularly)	...	...	...	...	...	...	35
							209

The number of foster mothers with one child only is 102; with two children—21; with three children—3; with four children—1; with over four children—3.

The foster mothers who run a regular baby home are therefore few, and those with over four infants are one at Taunton with 33 at the end of 1938 (authorised for 35); one at Bridgwater with 7 (authorised for 12); and one at Wembdon with 12 (authorised for 14).

Rate of Infantile Mortality.

This rate is the number of deaths under one year of age per 1,000 births, and in 1938 it was 41.8. This rate is the lowest on record for the County and the corresponding rate for England and Wales was 53.

This low rate of infantile mortality demonstrates the results of the care and supervision of child life in Somerset during recent years. It is undoubtedly an achievement of considerable merit, especially in view of the changes in the general population referred to in a previous section of this report.

Table XVII. herewith shows the months of death. These figures do not always exactly correspond with those in Table II., as the latter is taken from the Registrar-General's figures, and this Table is from figures given by the District Medical Officers of Health, obtained from the local Registrars.

This Table shows that 153 of the 223 deaths under one year of age took place before the child was a month old. This is 68.6 per cent. and of these 82.3 per cent. took place before the infant was a week old. In other words, a large proportion of the deaths are pre-natal in origin and illustrates the importance of pre-natal work.

TABLE XVII.
DEATHS UNDER 1 YEAR OLD.

URBAN.		Under 1 week.	1—4 weeks (inclusive)	Total under 1 month.	1—6 months.	6—12 months.	Total Deaths under 1 year.	RURAL.		Under 1 week.	1—4 weeks (inclusive).	Total under 1 month.	1—6 months.	6—12 months.	Total Deaths under 1 year.
Bridgwater	...	9	0	9	2	4	15	Axbridge	...	6	2	8	6	2	16
Burnham	...	0	0	0	0	0	0	Bathavon	...	4	2	6	4	1	11
Chard	...	1	0	1	0	0	1	Bridgwater	...	5	2	7	0	1	3
Clevedon	...	2	0	2	0	1	3	Chard	...	2	2	4	1	0	5
Crewkerne	...	1	1	2	0	0	2	Clutton	...	0	1	1	3	1	5
Frome	...	3	1	4	0	1	5	Dulverton	...	2	1	3	0	1	4
Glastonbury	...	3	0	3	1	0	4	Frome	...	8	0	8	1	0	9
Ilminster	...	0	0	0	0	0	0	Langport	...	2	1	3	2	0	5
Keynsham	...	0	0	0	1	0	1	Long Ashton	...	4	3	7	0	3	10
Minehead	...	2	0	2	2	0	4	Shepton Mallet	...	5	0	5	1	2	8
Norton-Radstock	...	1	0	1	0	0	1	Taunton	...	5	3	8	1	2	11
Portishead	...	1	0	1	0	0	1	Wellington	...	4	1	5	0	1	6
Shepton Mallet	...	0	0	0	2	1	3	Wells	...	2	1	3	0	0	3
Street	...	3	0	3	1	0	4	Williton	...	2	1	3	1	2	6
Taunton	...	13	1	14	4	1	19	Wincanton	...	3	1	4	0	1	5
Watchet	...	1	0	1	1	0	2	Yeovil	...	8	0	8	3	2	13
Wellington	...	6	0	6	1	1	8								
Wells	...	0	0	0	1	0	1								
Weston-super-Mare	...	14	3	17	1	1	19								
Yeovil	...	4	0	4	0	1	5								
Totals		64	6	70	17	11	98	Totals		62	21	83	23	19	125

ORTHOPÆDIC SCHEME.

The County Scheme and the results of working during 1938 are described in considerable detail in my Report for 1938 as School Medical Officer.

The new cases seen and dealt with through the Clinics were as follows:—

Cases seen at the Clinics.

Tuberculosis of bones and joints	...	...	...	...	9
Spastic and other paralysis conditions	...	...	...	...	15
Infantile paralysis (poliomyelitis)	...	...	...	...	58
Osteo-myelitis	...	...	...	...	2
Congenital dislocation of the hip	...	...	...	...	7
Club foot	...	...	...	...	5
Other congenital deformities	...	...	...	...	27
Torticollis	...	...	...	...	12
Diseases and injuries to the toes	...	...	...	...	14
Scoliosis	...	...	...	...	8
Postural deformities:—					
General defects of posture	...	...	...	8	
Flat foot (often with other postural deformities)	...	...	29		
Knock knees (many old rickets)	...	...	48		
Bow-legs	...	...	25		
				110	
Rickets (not specially postural)	...	...	...	...	4
Injuries and accidents	...	...	...	...	11
Other defects and deformities	...	...	...	...	42
				324	
					—

The number of new cases seen is 6 more than in the previous year.

Much attention has been given to the prevention of crippling and postural defects and to their treatment in the early stages of development. The general posture work carried out in this County has returned uniformly good results and the gain to the children has been marked.

Generally speaking, early prevention and early treatment are now well established as principles in this orthopædic work, and, consequently, the strength of the service is steadily on the increase.

HEALTH PROPAGANDA.

The following is the report of Miss Sewell, B.Sc., the Health Propaganda Officer for the County:—

(A) General Remarks.

The National Fitness Campaign started by the Government in 1937 was carried on into the beginning of 1938. Literature was distributed each month, as reported last year, and an extra series of Health Exhibitions were held during March in some of the larger towns in the County.

The routine work of lecturing to Women's Institutes, Infant Welfare Centres, V.A.D., etc., has increased this year and has taken up a good deal of the time. It is of interest to note that lantern lectures are no longer asked for or desired, films having entirely taken the place of the lantern slides. Health Propaganda films must vie with good commercial films (which are penetrating to the remotest villages), and there are not enough good Health films obtainable and the charges for hire are too high. When it comes to showing films in the schools the constant trouble is the impossibility of darkening a room and this has been the cause of many schools having to be left out of Cinemotor tours. It is to be hoped, however, that the educational value of good films has been recognised and that provision will have been made for showing them in the new Senior Schools.

(B) Certain details of the work.

(1) *Women's Institutes, Mothers' Unions, Women's Meetings, etc.*

In spite of the fact that requests for Lectures on the popular subject of "Health Exercises" now go direct to the Education Department, the number of lectures given to Women's Institutes, etc., has increased to 42. These were given at:—

Somerton, Weston-super-Mare Women's Legion, Newton St. Loe, Blagdon Mothers' Union, Camerton Mothers' Union, Orchard Portman and Thurlbear, Dinder, Milverton, Wootton Courtenay, Over Stowey, Meare, Wanstrow, East Brent, Shepton Montague, Alcombe, Norton-sub-Hamdon, West Buckland, Berrow, Shipham and Rowberrow, South Petherton Women's Meeting, Binegar, Nailsea (2), North Petherton, Welton, Stoke St. Gregory, East Harptree, Oake, Huish Episcopi, Castle Cary, Rode, Weston Zoyland, Holywell Lake, Mid Lambrook Women's Meeting (2), Lympsham, Marston Magna, Temple Cloud, High Littleton, High Ham, Ash Priors, Sampford Arundel.

The latter part of the year has shown a marked improvement in our relations with the National Milk Publicity Council, who, having resident organisers and demonstrators in the County giving free lectures in the Infant Welfare Centres, Women's Institutes, and having entry into the schools, are in a position to do a large amount of Health Propaganda work. We are now working in close co-operation with them.

(2) *Lectures—Various.*

V.A.D.—The Health Propaganda Officer has been accepted as a Red Cross Lecturer and gave three courses each of six lectures on Infant Welfare to the two V.A.D. detachments in Weston-super-Mare and to the detachment in Langford. All members who took the Red Cross examination after the lectures passed.

HEALTH EDUCATIONAL EVENINGS, with a showing of Films by the Health and Cleanliness Council, were held in Carhampton, Sampford Brett, Chaffcombe, Batcombe, Ditcheat and Norton St. Philip.

PARENT - TEACHERS' ASSOCIATION.—A lecture was given to the parents and teachers at Chard High Street Junior Boys' School.

SCHOOL OPEN DAY.—A talk was given at Sandford School Open Day.

(3) *District Nurses' Refresher Course.*

Two centres were held this year for the Revision of Midwifery. Each course consisted of three lectures, which were well attended. Dr. Statham, Consultant Obstetric Surgeon, very kindly gave one lecture at the Weston-super-Mare Centre.

Weston-super-Mare Centre, Spring, 1938. Average attendance 37.

Minehead Centre, Summer, 1938. Average attendance 13.

(4) *Infant Welfare Centres.*

Fifty-five talks were given at Infant Welfare Centres during the year. It is essential that talks at these Centres should be brief, as the attention of the mother can be held for ten minutes or a quarter of an hour if she has confidence that she will not be detained longer. At Chewton Mendip and Wraxall longer talks, however, can be given.

Infant Welfare Centres visited:—Shepton Mallet (6), Weston-super-Mare (3), Chewton Mendip (1), Clevedon (2), Bridgwater (11), Frome (9), Banwell (1), Wellington (1), Crewkerne (6), Mells (4), Wells (5), Kilmersdon (1), Radstock (1), Chard (2), Portishead (1), Wraxall (1).

(5) *Flying Clinics.*

One, Langford Budville, has been visited and a talk given while the mothers waited to see Dr. Halliday.

(6) *Lectures to Pupil Midwives.*

Owing to the closing of the Mary Stanley Home, the Infant Visitors' examination was not held until September instead of earlier in the year for which they were prepared. Four revision lectures were therefore given them.

Results: 11 candidates took the examination. 8 passed.

(7) *District Nursing Associations.*

At five annual meetings of District Nursing Associations lectures were given. These took place at Curry Rivel, Long Sutton, Yatton, Kingston, and Merriott.

(8) *Tuberculosis Care Committee.*

A talk was given at Yeovil T.B. Care Committee's annual meeting.

(9) *Health Exhibitions.*

Health Exhibitions have been held this year in seven centres. In March, in accordance with the programme for furthering the Government's National Fitness Campaign, the services of the Health and Cleanliness Council's cinemotor was secured for an extra tour of two weeks. During this period Exhibitions were held in Bruton, Wells, Taunton (2 days) and Minehead. In the autumn, during the annual visit of the Cinemotor, a further series of Exhibitions were held at Wiveliscombe, Radstock (2 days) and Wincanton, at which the National Milk Publicity Council co-operated to make them Milk Days as well as Health Exhibitions.

The Education Committee again co-operated to provide Physical Training Displays by the local school children, ladies' "Keep Fit" classes, and demonstrations of cookery (the work of the local Domestic Subjects Centres). These were interesting and attractive items which helped to secure the good attendances which can still be counted on to support these Exhibitions.

The Travelling Health Exhibition was on view at each centre, and other items included were demonstrations of Home Nursing by the local V.A.D. At the autumn Exhibitions, the National Milk Publicity Council combined to make each one a Milk Day as well. Films were shown and short talks given on the nutritive value of milk.

The Exhibitions were well supported by the local District Councils, much valuable help being obtained from them beforehand and many Councillors taking a part in the Opening Ceremonies.

Centres at which Exhibitions have been held during the year were as follows:—Bruton, Wells, Taunton (2 days), Minehead, Wiveliscombe, Radstock (2 days), and Wincanton.

(10) *Schools.*

Ninety-nine Schools have been visited during the year and talks given or Health Films shown. As the purpose of the visit is to “encourage the teaching of hygiene” it is found that in many cases the best way of approach is by having a friendly discussion on the subject with the Head Teachers.

The number of schools in which Hygiene is being taught appears to be steadily increasing. Only seven Senior Schools and three Junior Schools were found this year where no Hygiene lesson is given, though more than these have no syllabus made out or do not give the teaching regularly. 50% of the schools visited still have no Health Reader or one too out of date to use.

Three schools were outstanding for the teaching of Biology.

Arrangements were made for the lecturers of the National Milk Publicity Council to visit the schools in the Radstock and Frome area to give talks on the nutritive value of milk and to encourage a larger consumption of milk under the Milk in Schools Scheme. Reports have been received from eleven schools visited, but although it is as yet too early to review the results of these talks, which were given in November and December, it is known that in certain individual schools twice the former number of children are now having milk as a direct result of this propaganda work.

(11) *Dental Board Tour of Schools (6th Tour).*

Two lecturers toured Somerset in March and visited in the Radstock and Glastonbury areas schools which had been omitted during the previous tour of that area. Thirty-six schools were visited, and as usual the teachers were most appreciative of the lecture and the excellent models which are shown.

The schools visited by the Dental Board lecturers were:—Wellow Peasedown, Wellow C.E., Wellow Shoscombe St. Julian’s C.E., Stanton Drew Pensford, Bishops Sutton, Keynsham Senior, Weston (Bath) C.E., Ston Easton C.E., East Harptree Parochial, Radstock C.E., Mid-somer Norton Council Girls’, Kilmersdon Coleford C.E., Holcombe C.E., Holecombe Methodist, Monkton Combe Down C.E., Stratton-on-the-Fosse St. Benedict’s R.C., Ashwick Oakhill C.E., Ashwick Oakhill Undl.; Stoke St. Michael, Leigh-upon-Mendip, Mells C.E., Godney, Meare Westhay, Shapwick, Moorlinch, Baltonsborough, Keinton Mandeville, West Lydford, East Lydford, Lovington, Wells R.C., St. Cuthbert’s Out Horrington, Priddy, Wedmore Bagley Close, Wedmore Blackford, Wookey.

(12) *Health and Cleanliness Council’s Cinemotor Tours.*

In addition to the Annual Tour of a fortnight in the autumn, the services of the Cinemotor were obtained for an extra fortnight in March in connection with the National Fitness Campaign.

The Cinemotor attended at Health Exhibitions, showed films in Infant Welfare Centres and Schools, and gave free film shows to village audiences.

Besides the Health and Cleanliness Council's films, ones lent by the Dental Board, the National Milk Publicity Council and the Ophthalmic Board were also shown. During the two tours approximately 10,000 people saw the films. The films were shown at the following places:—

HEALTH EXHIBITIONS.—Bruton, Taunton (2 days), Minehead, Wells, Radstock (2 days), and Wiveliscombe.

SCHOOLS.—Wineanton Boys' and Girls', Castle Cary, Huish Episcopi, West Monkton, Creech St. Michael, North Petherton, North Newton, Wedmore Council, Wedmore Bagley Close, Staplegrove, Kingston, Bishops Lydeard, Lydeard St. Lawrence, Trull, West Bagborough, Croweombe, Ilminster Without, Ilminster Girls', Hinton St. George, Misterton, West Crewkerne.

A free film show was given in the Central Hall, Crewkerne, to which all Crewkerne and Merriott school children were invited. About 200 came.

VILLAGE AUDIENCES.—Batemore, Puriton, West Pennard, Chaffcombe, Carhampton, Sampford Brett.

INFANT WELFARE CENTRES.—Bridgwater and Crewkerne.

(13) *"Better Health" Magazine.*

The articles on the County Council page have included the following:—Dental Health and National Fitness; Tea and Digestion; Feet spoilt by Fashion; Menace from the Air; Windows; Milk must be Clean; Back to First Things; Water, Worries, Warnings; Diet in Constipation; The Essentials of a Healthy Home; Why drink Tea or Coffee?; Why not a little Cheese?

The Magazine has a circulation of 3,000, and has been coming out earlier in the month this year.

(14) *Quantock Sanatorium.*

A course of seven lectures on the Buying, Cooking and Serving of Food was given to the women undergoing treatment at the Quantock Sanatorium. Each lecture was short and the course was apparently much enjoyed and will be repeated from time to time.

(C) Conclusions by County Medical Officer.

It will be noted that this work of Health Propaganda has again been carried out on a wide basis and that it was brought into contact with many different phases of life in the County.

One reads occasionally of criticism of health propaganda on the grounds that it fails to do more than to give a temporary impetus to the public interest in the betterment and maintenance of health. This may well be so in places where the work is either spasmodic or lacks a proper working basis. In Somerset, where this service was commenced under my predecessor and for which there is a specially appointed officer, the position can be easily defended from every point of view.

In this County the work goes on year after year; we do not depend on health weeks, baby shows or other activities which may very rightly be judged as "stunt" attempts to gain the interest of the public. Every now and then we do stage a rather more ambitious effort with greater general publicity, and this is all to the good for it as it were jogs the routine service. On the whole, however, our best and most lasting work is done quietly in each area, taking every day life and ordinary conditions of life as its essential centre.

And what is the result of all this patient work? We can, I think, say that through it the people of Somerset are health minded and interested in health matters. What is the practical proof? There are many—interested audiences who on being followed-up are found to be doing the things in the way they were instructed—audiences that come back a second time—areas that ask specially for a return of the health exhibition—County services that are taken up enthusiastically when they become available and children who respond to their health training in school—parents who realise the value of prevention and early treatment,—and, lastly, can anyone who goes through Somerset fail to note what may be a small matter but which is nevertheless instructive—the change in the clothes of the children in the hot sunnier months.

In Somerset we need not prove our case; it is there for all to see. The results, as I have said before, can never be dramatic but the progress is sure and steady, and gradually this service is bringing into the homes, and to the mothers especially, knowledge and understanding that will go far to build up both health and happiness in the future.

WATER SUPPLIES.

The year 1938 caused concern to many districts over shortage due to the very dry period experienced in the early months of the year. Many authorities in order to conserve their water had to restrict the supply. The position was aggravated further by the progressive increase of designated milk producers who require considerable water in order to maintain their premises in a satisfactory condition. As pointed out in my last annual report, it is essential that such producers should have a supply which is both adequate and pure. I am glad to say that these producers are themselves beginning to realise this fact, and many extensions or branches have been laid on to premises during the year from main supplies. It is necessary when local authorities are considering water supplies in their respective areas that the question of an increase in consumption due to enrolment of further designated milk producers should be borne in mind. As local authorities are bound to keep a register of producers of milk in their areas, and no doubt many such registers are kept in parish form, it should not entail a great amount of trouble to reach a conclusion as to the approximate number of gallons of water that may be consumed.

Improvement in water supplies has progressed during the year, as will be seen in the subsequent table, but a great deal still remains to be done. There are a considerable number of shallow wells which can never be said to be above suspicion. A great many samples from such wells have been received for analysis and, needless to say, it is a very small percentage that pass as fit for drinking purposes. The inference must therefore be drawn that wherever possible such supplies should be brought into a general water scheme. Certain parishes are of a straggling nature, and it is possible in some that the cost of a scheme may amount to the purchase value of the properties to be supplied, but so far as public health is concerned the need of a wholesome and adequate supply cannot be disputed.

There are two areas covering a considerable acreage which lack this essential service, namely, the eastern parishes of the Langport district and certain parishes in the Wells district. It is to be regretted that to date the schemes so far put forward to obviate the need have not materialised, and it is to be hoped that the difficulties met with in the past will soon be overcome and that these particular areas will have the supply which they so badly require. I may point out that this lack of water is causing considerable hindrance to the operation of the Housing Acts, for one must bear in mind that no house newly erected can be occupied unless it has a sufficient and wholesome supply of water.

During the year the Ministry of Health issued Circular 1684 drawing the attention of Authorities to the importance of their responsibility as water undertakers. The question of the safeguarding of water supplies is indeed a serious matter, and there can be no excuse for Authorities who do not give effect to what is contained in this Circular. The following points may be helpful:—

(i) That in all water undertakings complete and continued control should be undertaken to seek for and to remove the causes of pollution of raw water, and that every care should be taken to ensure that no risk of contamination of the supplies should arise from operations in connection with the normal maintenance and improvement of waterworks, such as extensions, reconditioning and similar undertakings.

(ii) That the attention of undertakers should be called to treatment, including chlorination, but to emphasize that the adoption of this method does not remove the need for all practical endeavours to maintain a good and pure raw water.

(iii) That in the matter of analysis of supplies, the undertakers be reminded that such an analysis is not in itself a safeguard, but is, in fact, merely an indication of the state of the supply, and, where unsatisfactory, a warning to seek out and remove the cause of the unsatisfactory state.

In general terms, the more frequent the analysis the greater is the margin of safety, but care must be taken not to place too great dependence on analysis alone. In other words, knowledge of the site, the surroundings and other local matters must play a large and commonsense part in the determination for the need for analysis and also in its interpretation.

Maps are being received from district authorities showing water supplies in their areas. These with other information concerning the supplies are extremely valuable in arriving at a decision as to the need or otherwise of a supply in any particular district in the County.

There are many privately-owned water undertakings which in some cases supply whole villages. It is essential in the interests of public health that periodical inspections of such supplies should be made as to possible contamination at the sources and samples submitted for analysis.

The position in the different rural districts at the end of 1938 was as follows.—

Areas on a District Basis.	Estimated Deficiency.	Grants payable by County Council.
Rural District.	1938-39.	1938-39.
Bridgwater	£ 3,105	£ 3,307
Chard	1,800	600
Clutton	5,600	5,000
Dulverton	161	220
Langport	2,982	3,396
Shepton Mallet	1,459	854
Taunton	1,800	2,010
Wellington	400	680
Wells	350	300
Wincanton	4,700	3,800
Yeovil	5,260	5,460
	£27,617	£26,527
	<hr/>	<hr/>
		£9,205
	<hr/>	<hr/>

Areas on a Parochial Basis.	Estimated Deficiency.		Grants payable by County Council. 1938-39.
	1938-39.	Future.	
	£	£	£
Axbridge (Puxton)	213	210	53
Bathayon (Peasedown and Marksbury)	1,294	1,247	323
Frome (Norton St. Philip, Rode and Beckington) ...	1,154	920	288
Long Ashton (Winford and Kenn)	658	651	165
Williton (West Quantoxhead & Crowcombe Heathfield)	100	100	25
	<hr/>	<hr/>	<hr/>
	£3,419	£3,128	£854
	<hr/>	<hr/>	<hr/>

The schemes for which grants have been authorised by the County Council during the year were as follows, the figures in brackets being the estimated cost:—

Bridgwater	...	...	Chilton Trinity (£1,021).
Dulverton	...	...	New borehole and pump, Dulverton and Brushford (£200). Extension to main at Battleton (£340).
Langport	...	...	Extension to Puckington (£250). Compton Durville new air lift pump and extensive pumping tests (£500). Extension at Somerton (£150).
Shepton Mallet	...	...	Extension at Pilton (£280).
Taunton	...	...	Supply to Ash Priors, Halse, Bishops Lydeard and West Bagborough (£3,800). Bishops Hull—Extension at Runwell (£450).
Wellington	...	...	New borehole and pumping plant at Milverton (£2,765).
Wincanton	...	...	Extension at Maperton Ridge (£100). Chlorination plant for Wincanton supply (£200).
Yeovil	...	...	North Perrott and Haselbury Plucknett (£3,705). Additional borehole at Odcombe and main to supply Hardington Mandeville (£9,186). Extension of the West Coker main (£493). Various small extensions (£640).

RIVER POLLUTION AND SEWAGE DISPOSAL.

Annual grants by the County Council in aid of Sewerage schemes:—

							1938-39.	Future.
							£	£
Axbridge (Wincombe)	...	...	...	...	...	...	294	294
Bathavon (Whitchurch)	...	...	...	...	...	...	98	98
Bridgwater (Catcott)	...	...	...	...	...	...	36	41
,, (Cannington)	...	...	...	...	...	...	—	76
,, (Nether Stowey)	...	...	...	...	...	...	—	14
Chard (Tatworth)	...	...	...	...	...	...	—	137
Dulverton (Brushford)	...	...	...	...	...	...	37	37
,, (Exford)	...	...	...	...	...	...	—	52
Frome (Coleford)	...	...	...	...	...	...	208	205
,, (Rode)	...	...	...	...	...	...	—	136
Langport (Kingsbury Episcopi)	...	...	...	...	...	...	86	86
,, (Curry Rivel)	...	...	...	...	...	...	119	150
,, (Somerton Extension)	...	...	...	...	...	...	—	101
Taunton (Bishops Hull)	...	...	...	...	...	...	75	85
Williton (Withycombe)	...	...	...	...	...	...	—	32
Wincanton (Milborne Port)	...	...	...	...	...	...	141	99
,, (Sparkford and Queen Camel)	...	...	...	...	...	...	171	128
Yeovil (Over Stratton, Compton Durville, and Watergore)	...						32	18
,, (Mudford and Yeovil Without)	...	...	...	...	...	...	32	112
							<hr/> £1,329	<hr/> £1,901
							<hr/> <hr/>	<hr/> <hr/>

During the year the County Council agreed to contribute to the following Sewerage schemes:—

							Estimated Cost.
							£
Bridgwater (Cannington). Additional cost	...	...	...	...	...	...	1,700
,, (Huntspill—East and West)	...	...	...	...	...	...	18,940
,, (Nether Stowey)	...	...	...	...	...	...	4,500
Chard (Tatworth, South Chard and Perry Street). Additional cost	...						930
Dulverton (Exford)	...	...	...	...	...	...	3,000
Frome (Rode)	...	...	...	...	...	...	7,650
Langport (Curry Rivel). Additional cost	...	...	...	...	...	...	1,000
Taunton (Bishops Hull). Additional cost	...	...	...	...	...	...	864
Williton (Carhampton and Withycombe). Additional cost	...	...	...	...	...	...	800
Wincanton (Bayford)	...	...	...	...	...	...	440
,, (Henstridge)	...	...	...	...	...	...	638
Yeovil (Mudford and Yeovil Without)	...	...	...	...	...	...	7,313

In connection with a number of the above schemes Inquiries were held by the Ministry of Health. These were attended either by the County Sanitary Inspector or myself.

It will be noted that the scheme for Huntspill, in the Bridgwater Rural District, is costly, but, owing to the flat nature of the ground, pumping had to be resorted to and the laying of double sewers was a necessity.

People nowadays appear to be "sewer conscious", and with main water supplies becoming available more baths are being made use of and water-closets are replacing old-fashioned systems of sanitary accommodation. The result is that more waste water has to be disposed of, and in many cases where the nature of the ground prevents this the only way to prevent insanitary conditions arising is the provision of a proper sewerage scheme. There are still many places in the County where sewerage schemes are necessary but where various circumstances have in some measure retarded progress. At the same time I would point out the desirability of such schemes in the interests of public health. In considering the drainage of their area, local authorities should look to the future respecting development and give thought to comprehensive schemes, for although the initial outlay may be considerably more the maintenance costs as a rule are considerably less.

A preliminary survey of the sanitary circumstances obtaining in each parish in the County has now been practically completed by the County Sanitary Inspector. From this comprehensive report it will be possible to ascertain those parishes in which a sewerage scheme appears to be particularly required. It had been hoped to complete this survey during the year, but other duties, many of an urgent nature, which Mr. Dewhurst had to perform precluded him from making the remaining inspections and completing the records.

I am glad to report that during the year complaints respecting pollution of the rivers in the County were very few notwithstanding the very dry periods; for it is at such times as these that one can expect trouble following the loss of oxygen by the water courses, many of which have a very slow rate of flow. There is no doubt that the systematic supervision of the most likely points where pollution may occur has also had a considerable influence. This supervision has been more effective since the appointment of Mr. Gill as Assistant County Inspector, who commenced duty in August. This appointment relieved Mr. Dewhurst of considerable pressure of work and allowed complaints to be dealt with immediately they were reported. It is now possible to say that no time is lost before one of the inspectors is actively engaged on tracing the trouble causing the complaint. It will be appreciated how necessary this is, as in most instances the source of the trouble has disappeared very shortly after the pollution has taken place, and then the necessary evidence is lacking. A number of sewage disposal works have also improved, and as a result of investigating factory wastes the effluents have not the same damaging effects on the water courses. The most serious pollution during the year happened to the River Tone in the Wellington area. There was loss of fish life. What appeared to be the cause or causes of the trouble were ascertained and measures were taken immediately by those concerned to obviate further danger from these points. Other places where complaints were received respecting pollution were:—

BISHOP SUTTON. Sewage being discharged into a brook. The trouble was immediately mitigated so far as possible in view of the local authority's proposals to provide a proper sewer in this parish.

RADSTOCK—RIVER SOMER. Pollution of the river by the Radstock sewage works. This was mainly due to the reconstruction of the works. The old works were found to be inadequate. Considerable additions have been made, and the new tanks and filters were in operation before the end of the year.

TINTINHULL. The effluent from a gloving factory entering a pond. Numerous inspections were made following complaint, and works carried out by the firm concerned have improved the position.

RIVERS ILE AND BRUE. Due to wastes from milk factories. In both instances the cause was inadvertent and against the interests of the firms concerned.

There are a number of schemes under consideration at the moment which it is hoped will further reduce pollution and it is important that these should be expedited. Many samples of rivers and effluents in different parts of the County have been taken by the County staff for analysis and the systematic recording and supervision following the results of these samples are having a marked effect.

ADMINISTRATION OF THE HOUSING ACTS.

The following shows the housing construction in these periods:—

Year.	Urban.	Rural.	Total.
1921	493	685	1,178
1931	654	837	1,491
1937	1,567	1,005	2,572
1938	1,928	1,756	3,684

In my last report I mentioned the fact that more houses had been built in urban districts in 1937 than in any one year since 1921. The above table shows that the number erected in 1938 exceeded the 1937 figure by 361 and was only 72 short of 2,000 houses. Referring to the same table, the number of houses erected in rural districts also exceeded the number of houses built in any one year since 1921, in fact exceeds the previous highest (which was in 1927) by 314. The total number of houses built in urban and rural districts exceeded the previous best (in 1927) by 849.

Table XVIII. shows the number of houses built by local authorities and by private enterprise. The latter equals 56% of the houses erected.

It is pleasing to note that a number of authorities have been alive to their responsibilities and even gone so far as to erect 393 houses without State assistance. The only question which may arise with regard to such building is that of rent, for this is naturally somewhat higher, and the houses can only be occupied by the higher wage earners.

It is interesting to note that the percentage of houses built by private enterprise during the year as compared with those built by local authorities dropped from 74% to 56%. The operation of the Housing Act, 1936, and its predecessor that of 1930 has had a good deal to do with the increase in housing during the year respecting the re-housing of people from property which had been condemned. It should also be noted that the dwellings of to-day do not house as many people on the average as they did formerly. In 1901 the average number of persons per house was 5.4; in 1931 it had dropped to 4.0. At the present time the average is approximately 3.5. It is significant, therefore, that although there are 50% more houses existing to-day than there were in 1914, families are decreasing in number.

Generally, public interest in housing problems has increased and local authorities are now more intimately associated with the improvement of the housing conditions of their districts following the desire for improved amenities.

The Housing (Financial Provisions) Act, 1938, revised the subsidies, and whereas following the subsidies that were obtainable under the 1930 Housing Act the average per house paid by the Government for people re-housed from property that had been condemned amounted to £9 per house per year for forty years, it is now only £5 10s. 0d. per house erected, for the same period. The inference may be drawn that subsidies are decreasing, and, in view of this, it behoves local authorities to make every endeavour to meet their housing needs without delay.

With regard to the administration of the Housing Acts in the County, many authorities are dealing with the question in a systematic manner while others, I regret to say, meet the problem in a less satisfactory way. It was necessary to remind certain authorities of the powers of the County Council respecting the housing of the working classes, and although this has resulted in an improvement I am not yet altogether satisfied with the progress made. There appears still to be a definite lack of a standard of inspection; it is desirable that extreme differences should be eliminated, and that a reasonable standard should be uniformly maintained. One difficulty is the operation of bye-laws by different authorities of varying dates and standards. It is pleasing to note that authorities are moving forward and adopting the model bye-laws under the Public Health Act, 1936, which will certainly assist in the levelling up of the building bye-laws.

During the year a goodly number of houses that could not be made fit at a reasonable expense have, by the financial assistance given under the Housing (Rural Workers) Acts, been restored and now form good dwellings.

From Table XX. will be seen the position of overrowing in the County. There is a drop of 378 in the cases compared with 1937, and the families dwelling in these houses have been reduced from 820 to 420 in the same period. It is very gratifying to note that notwithstanding 64 new cases, 407 cases of overcrowding have been relieved concerning 2,870 persons during the year. With the subsidy now obtainable under the Financial Provisions Act, 1938, it is hoped that there will be a corresponding drop at the end of 1939.

TABLE XVIII.
Number of New Houses erected during the Year.

AREA.	By Local Authority		By Private Enterprise.	Total.
	With State assistance.	Without State assistance.		
RURAL.				
AXBRIDGE	44	0	98	142
BATHAVON	0	4	168	172
BRIDGWATER	100	20	53	173
CHARD	37	0	22	59
CLUTTON	8	40	23	71
DULVERTON	16	0	10	26
FROME	0	0	16	16
LANGPORT	14	0	20	34
LONG ASHTON	41	0	154	195
SHEPTON MALLET	40	0	27	67
TAUNTON	180	0	67	247
WELLINGTON	58	0	12	70
WELLS	10	16	18	44
WILLITON	4	26	28	58
WINCANTON	114	0	25	139
YEOVIL	46	60	137	243
All Rural Areas	712	166	878	1756
URBAN.				
BRIDGWATER	70	180	98	348
BURNHAM	0	0	23	23
CHARD	84	0	12	96
CLEVEDON	8	0	57	65
CREWKERNE	0	0	19	19
FROME	0	0	54	54
GLASTONBURY	16	0	19	35
ILMINSTER	0	0	8	8
KEYNSHAM	6	0	102	108
MINEHEAD	0	0	40	40
NORTON-RADSTOCK	0	0	61	61
PORTISHEAD	11	0	13	24
SHEPTON MALLET	0	0	3	3
STREET	0	0	27	27
TAUNTON	194	8	260	462
WATCHET	0	0	8	8
WELLINGTON	90	0	24	114
WELLS	24	0	13	37
WESTON-S-MARE	0	39	183	222
YEOVIL	0	0	174	174
All Urban Areas	63	227	1198	1928
County	1215	393	2076	3684

No houses were erected by private enterprise *with* State assistance.

TABLE XIX.
HOUSING INSPECTIONS.

Area.	Houses inspected for housing defects.	Houses specially inspected under Housing Acts.	Number found unfit.	Number defective but not unfit.	Demolition Orders made.
RURAL.					
AXBRIDGE	500	306	86	220	16
BATHAVON	73	21	8	13	1
BRIDGWATER	240	0	80	160	29
CHARD	348	171	49	170	25
CLUTTON	401	324	324	77	0
DULVERTON	222	0	7	97	0
FROME	378	194	10	179	0
LANGPORT	741	530	33	290	14
LONG ASHTON	168	147	41	116	3
SHEPTON MALLET	136	35	15	12	0
TAUNTON	297	97	0	96	0
WELLINGTON	203	74	11	127	5
WELLS	531	420	38	226	7
WILLITON	82	17	8	57	0
WINCANTON	491	142	28	112	2
YEOVIL	1,128	11	9	60	2
All Rural Areas	5,939	2,489	747	2,012	104
URBAN.					
BRIDGWATER	281	92	8	237	5
BURNHAM	20	0	0	5	0
CHARD	72	55	33	17	8
CLEVEDON	70	39	0	40	6
CREWKERNE	90	54	3	3	0
FROME	232	202	0	173	0
GLASTONBURY	43	21	14	26	10
ILMINSTER	215	99	43	25	0
KEYNSHAM	25	3	2	1	0
MINEHEAD	77	24	0	0	0
NORTON-					
RADSTOCK	43	0	17	18	14
PORTISHEAD	105	4	1	0	0
SHEPTON MALLET	49	10	0	0	2
STREET	57	0	0	32	0
TAUNTON	362	283	104	216	6
WATCHET	0	0	0	0	0
WELLINGTON	128	42	0	104	1
WELLS	71	0	0	20	0
WESTON-S-MARE	187	101	0	41	0
YEOVIL	215	56	4	52	0
All Urban Areas	2,342	1,085	229	1,010	52
County	8,281	3,574	976	3,022	156

TABLE XX.
HOUSING ACT, 1935—OVERCROWDING

Area.	Dwellings over-crowded at end of year.	Families dwelling therein.	Persons dwelling therein.	New cases of over-crowding reported during year.	Cases of over-crowding relieved during year.	Number of Persons in such cases.
RURAL.						
Axbridge	13	13	87	1	16	71
Bathavon	39	40	239	3	8	44½
Bridgwater	26	26	176½	3	34	218
Chard	8	8	60	0	10	83
Clutton	29	31	190	0	17	138
Dulverton	3	3	21	0	0	0
Froine	5	5	31	0	2	10½
Langport	12	12	80	0	23	122
Long Ashton	21	21	151	0	13	105
Shepton Mallet	1	1	9	1	11	70
Taunton	0	0	0	0	0	0
Wellington	29	32	161	0	11	78
Wells	7	7	43	0	11	70
Williton	15	15	113	1	8	57
Wincanton	7	7	47	4	10	64
Yeovil	14	14	109	3	60	489
All Rural Areas ...	229	235	1,517½	16	234	1,620
URBAN.						
Bridgwater	18	18	141	18	83	639
Burnham	0	0	0	0	0	0
Chard	11	12	61	6	12	89
Clevedon	8	10	64	1	2	10
Crewkerne	8	10	54	0	0	0
Frome	10	10	64½	2	5	26½
Glastonbury	3	3	22	1	2	12
Ilminster	0	0	0	1	1	3
Keynsham	0	0	0	0	0	0
Minehead	0	0	0	2	2	7
Norton-Radstock	0	0	0	0	0	0
Portishead	2	2	16	2	1	8
Shepton Mallet	1	1	8	3	2	20
Street	0	0	0	0	0	0
Taunton	37	38	282	3	27	219½
Watchet	0	0	0	0	0	0
Wellington	13	15	92	0	6	39
Wells	0	0	0	0	7	49½
Weston-s.-Mare	9	10	62½	9	10	61
Yeovil	54	56	397	0	13	66
All Urban Areas ...	174	185	1,264	48	173	1,249½
County	403	420	2,781½	64	407	2,869½

Housing (Rural Workers) Acts, 1926-38.

With regard to the operation of the Acts in the districts of the County administered by the County Council, there are given in Tables XXI. and XXII details of the work involved and action taken respecting rural districts and urban districts. It is interesting to note that the number of houses inspected following application is identical with the year 1937. If it had not been for the financial assistance given by the Act it is doubtful whether many of the cottages that have been re-constructed would have been saved. It will be seen that at least 35 of the cottages were in such condition as to warrant possible action by the local authority under the Housing Acts for demolition. The works on many of these houses have been completed, and although they have modern amenities and meet the requirements of existing legislation, the transformation has in no way interfered with the appearance of the cottages. The occupants are not only more content following the improvements carried out but are pleased to have the opportunity of still remaining as associates of the neighbourhood they have known so long.

A number of authorities appear to be much more active than others, and the reason for this is difficult to appreciate for there must remain many cottages that require re-construction or re-conditioning, and no doubt many of the owners of such cottages would welcome the assistance the Acts give. Literature provided by the County Council and the Ministry of Health was circulated during the year, and there has been constant co-operation between the officials concerned of the respective local authorities. Architects, estate agents, builders and others interested in the work have been circularised.

The financial side of the operation of the Acts respecting the rural and urban authorities is given in Table XXIII.

TABLE XXI.

TABLE XXII.

District.	Number of Cottages inspected.	Formal Applications.		Applications rejected, deferred, withdrawn.	Possible Action by Local Authority under Housing Acts.		
		Number received.	Houses concerned.		Demolition.	Repair.	No Action.
URBAN.							
Bridgwater	...	7	—	—	—	—	—
Burnham	...	—	—	—	—	—	—
Chard	...	—	—	—	—	—	—
Clevedon	...	3	—	—	—	—	—
Crewkerne	...	—	—	—	—	—	—
Frome	...	1	1	1	—	—	1
Glastonbury	...	10	1	5	5	—	—
Ilminster	...	2	—	—	—	—	—
Keynsham	...	—	—	—	—	—	—
Minehead	...	—	—	—	—	—	—
Norton Radstock	...	—	—	—	—	—	—
Portishead	...	—	—	—	—	—	—
Shepton Mallet	...	—	—	—	—	—	—
Street	...	—	—	—	—	—	—
Taunton	...	—	—	—	—	—	—
Watchet	...	—	—	—	—	—	—
Wellington	...	4	1	2	—	—	2
Wells	...	—	—	—	—	—	—
Weston-super-Mare	...	—	—	—	—	—	—
Yeovil	...	—	—	—	—	—	—
URBAN TOTALS	...	27	3	8	1	5	3
RURAL TOTALS	...	346	64	101	10	30	61
GRAND TOTAL	...	373	67	109	11	35	64

TABLE XXIII.

District. RURAL.	Number of houses on which grants authorised.	Total amount of authorised grants.	Total grants paid during 1938.	Grants refused on completion of work.	Grants repaid by owners.
Axbridge	28	£ 2,639	£ 282	£ 100	£ s. d.
Bathavon	—	—	—	—	—
Chard	14	1,294	—	—	—
Clutton	9	747	—	—	—
Dulverton	4	373	200	—	—
Frome	7	700	—	—	—
Langport	12	1,200	300	100	100 0 0
Long Ashton	3	792	—	—	—
Shepton Mallet	8	800	—	—	—
Taunton	12	1,200	300	—	99 6 8
Wellington	19	1,900	100	—	—
Wells	13	1,300	200	100	—
Williton	2	200	—	—	—
Wincanton	20	2,000	200	—	—
Yeovil	9	900	—	—	—
RURAL TOTALS	165	16,045	1,582	300	199 6 8
<hr/>					
URBAN.					
Bridgwater	—	—	—	—	—
Burnham	—	—	—	—	—
Chard	—	—	—	—	—
Clevedon	—	—	—	—	—
Crewkerne	—	—	—	—	—
Frome	1	100	—	—	—
Glastonbury	3	300	—	—	—
Ilminster	—	—	—	—	—
Keynsham	—	—	—	—	—
Minehead	—	—	—	—	—
Norton-Radstock	—	—	—	—	—
Portishead	—	—	—	—	—
Shepton Mallet	—	—	—	—	—
Street	—	—	—	—	—
Taunton	—	—	—	—	—
Watchet	—	—	—	—	—
Wellington	2	200	200	—	—
Wells	—	—	—	—	—
Weston-super-Mare	—	—	—	—	—
Yeovil	—	—	—	—	—
URBAN TOTALS	6	600	200	—	—
GRAND TOTAL	171	£16,645	£1,782	£300	£199 6 8

SUPERVISION OVER THE FOOD SUPPLY.

A. Slaughter Houses and Meat Supervision. The following table gives the number of slaughter houses licensed and registered in the Urban and Rural Districts.

There is no question as to the importance of routine inspection of all carcases slaughtered for sale for human consumption and it is a regrettable fact that a considerable number of carcases are not examined. The reason for this is in the main due to the large districts to be covered by the Sanitary Inspectors and in some cases to the inadequacy of the District health staff. Public abattoirs are undoubtedly required in order to get adequate supervision and inspection of meat intended for human consumption. Until such facilities can be provided the existing conditions should receive the very careful consideration of Rural Authorities, particularly respecting the examination of all carcases slaughtered in their areas which are intended for domestic consumption.

TABLE XXIV.
SLAUGHTER HOUSES.

Sanitary Area. (Urban).	Licensed.	Registered.	Total.	Sanitary Area. (Rural).	Licensed.	Registered.	Total.
Bridgwater	5	10	15	Axbridge	13	7	20
Burnham	7	2	9	Bathavon	2	11	13
Chard	4	1	5	Bridgwater	6	14	20
Clevedon	—	—	P	Chard	11	15	26
Crewkerne	1	3	4	Clutton	7	14	21
Frome	2	6	8	Dulverton	2	2	4
Glastonbury	2	4	6	Frome	10	1	11
Ilminster	2	3	5	Langport	13	2	15
Keynsham	4	4	8	Long Ashton	2	9	11
Minehead	—	—	P	Shepton Mallet	12	0	12
Norton-Radstock	4	4	8	Taunton	31	1	32
Portishead	2	2	4	Wellington	8	—	8
Shepton Mallet	4	2	6	Wells	10	2	12
Street	0	5	5	Williton	3	6	14
Taunton	4	6	10	Wincanton	3	16	19
Watchet	1	2	3	Yeovil	21	0	21
Wellington	2	7	9				
Wells	4	5	9	Total	159	100	259
Weston-super-Mare	—	—	P				
Yeovil	10	0	10	County Total	217	166	383
Total	58	66	124				

P = Public Slaughter-house.

TABLE XXV.
MILK PRODUCERS AND DISTRIBUTORS

Sanitary Area. (Urban).	Producers.	Distributors.			Sanitary Area. (Rural).	Producers.	Distributors.		
		Also Producers.	Not Producers.	Total.			Also Producers.	Not Producers.	Total.
Bridgwater	14	9	47	56	Axbridge	790	97	15	112
Burnham	29	1	30	31	Bathavon	148	88	19	107
Chard	11	2	10	12	Bridgwater	742	179	17	196
Clevedon	29	17	13	30	Chard	547	58	2	60
Crewkerne	10	4	6	10	Clutton	472	131	29	160
Frome	17	15	10	25	Dulverton	168	168	0	168
Glastonbury	51	10	4	14	Frome	378	73	3	76
Ilminster	9	8	6	14	Langport	434	123	0	123
Keynsham	21	9	3	12	Long Ashton	331	57	18	75
Minehead	9	8	1	9	Shepton Mallet	350	61	1	62
Norton-Radstock	28	17	10	27	Taunton	347	27	12	39
Portishead	10	4	4	8	Wellington	180	62	0	62
Shepton Mallet	27	3	5	8	Wells	455	107	11	118
Street	18	12	3	15	Williton	193	77	6	83
Taunton	2	30	35	65	Wincanton	555	37	3	40
Watchet	4	3	3	6	Yeovil	404	93	7	100
Wellington	25	11	14	25	Total	6,494	1,438	143	1,581
Wells	7	3	7	10					
Weston-super-Mare	26	15	101	116					
Yeovil	11	6	18	24					
Total	358	187	330	517	County Total	6,852	1,625	473	2,098

B. Milk Supply.

Table XXV. gives the number of producers and distributors registered in the County.

The general questions affecting milk supplies still remain highly controversial in some of their aspects; the problem of obtaining both a clean and a safe milk supply is one of great complication and involves issues which require a great deal of settlement both within and without the industry itself.

At this juncture there is neither sense nor value in adding to the difficulties of the position: this is well known, and there may be wisdom in going steadily ahead with general lines of improvement in which the active interest of all producers and distributors is sought.

In recent years very great progress has been made in clean milk production; the educational and instructional services now available are extremely valuable and they have contributed largely to the higher standards in producing and handling milk. I repeat also that in my experience I have found that with few exceptions the producers and distributors are most anxious and willing to improve their product and their methods, and, in fact, their work, has made possible the very much improved position of to-day.

I would fail in my duty if I did not say that on the grounds of public health it is necessary in the future to link up this question of clean milk production with measures calculated also to provide a safe milk.

The County Health Department, with the assistance of Miss Taylor and the Cannington Milk Staff has carried out a very great deal of work in connection with milk during the year.

A general supervision, which we try to make friendly and free from "red tape", has been exercised and many visits for inspection and for sampling have been carried out.

It is of interest to note that the figure for Accredited licences increased from 506 in 1937 to 623 in 1938. Similarly licences for T.T. milk increased from 159 to 264. Taking the two figures we find in 1938, 887 licences issued as against 665 in 1937.

In the County Laboratory nearly 2,000 accredited milk samples were examined, while over 1,000 T.T. and pasteurised milk samples were also examined.

The total number of milk samples examined for various purposes was 3,676, and this figure gives some indication of the work passing through the department.

As a matter of interest I give herewith an extract from my report as School Medical Officer on the Milk in Schools Scheme:—

Milk in Schools Scheme.

This scheme of the Milk Marketing Board came into force on October 1st, 1934, and operates on a voluntary basis; this Authority takes no general financial responsibility for any of the working arrangements.

The source and quality of the milk has to be approved by the Medical Officer of Health and School Medical Officer.

The types of milk authorised are milk from Tuberculin tested herds, Pasteurised milk (under licence of the Local Authority and as defined by the Ministry of Health) and Accredited milk. If none of these types of milk is available ordinary milk is authorised (subject to special approval and with the condition that it is brought to the boil before being drunk).

The position at the end of the year as regards schools in which this school milk was drunk was as follows:—

Schools.	Number.	Taking milk which is				No Milk.
		Tuberculin Tested.	Pasteurised.	Accredited.	Boiled.	
Urban Elementary	68	9	57	1	0	1
Rural „ „ ..	376	45	132	47	70	82
Secondary	19	6	11	0	0	2

Of the 444 elementary schools, the children in 12 per cent. were drinking Tuberculin Tested milk, in 43 per cent. Pasteurised, in 11 per cent. Accredited, in 16 per cent. Boiled, and in 18 per cent. taking no milk.

It is of importance to note that at the end of this year the total number of children taking milk was 20,362; this figure has never been equalled previously and it shows an increase of approximately 1,000 on the year 1937 and of approximately 2,000 on the year 1936. The types of milk consumed were:—Tuberculin Tested 16 per cent., Pasteurised 66 per cent., Accredited 10 per cent., and ordinary (boiled) 8 per cent.

On this year's working 56 per cent. of the children are taking the school milk.

This satisfactory position has only been reached through the unceasing efforts of the School Medical Department to drive the scheme forward, through the goodwill and interest of the teachers, and through the co-operation of producers and retailers.

I believe that unless some revision of the financial side of the scheme is undertaken by the Milk Marketing Board the present position is the limit of the development of the arrangements; it is increasingly clear that on financial grounds alone it is impossible to extend the scheme in some areas while in other parts the smallness of the number of children in attendance, the remoteness of the schools, and the absence of producers combine to form insuperable difficulties in the way of its operation.

Finally, it must be noted that in this County many children either have milk at home or bring it to school with them; these children of course are not included in the official scheme and, therefore, although one cannot fix even an approximate figure to show the extent of this happening, it is clear that substantially more than 56 per cent. of our children do in fact take milk.

Special Sampling of Herds.

During the year 422 samples of mixed milk, collected at the cowsheds, were examined for tubercle bacilli. Tubercle bacilli were found in 13, a percentage of 3.1.

Except for one year, this percentage keeps very constant, the percentage figures for previous years being: 2.2 (1926); 2.18 (1927); 2.2. (1928); 2.67 (1929); 2.32 (1930); 2.2 (1931); 5.7 (1932); 2.8 (1933); 3.15 (1934); 2.94 (1935); 3.4 (1936); 3.0 (1937).

Of the 13 positive herds, from samples tested in the County Laboratory 13 cows with tubercular mastitis in 9 herds have been found and destroyed. In two herds the infected animal had probably been removed; in the remaining two herds no infected cow was found.

In addition to these 13 cases, reports on milk derived from Somerset but found to be tuberculous by outside authorities, have been received in 17 cases from Bristol City.

Of the 17 herds reported from outside, 13 cows with tubercular mastitis in 12 herds have been found and destroyed, the remaining 5 herds are still under investigation.

ADMINISTRATION OF THE SALE OF FOOD AND DRUGS ACTS.

During the year 1,027 samples were examined. Of these, 20 were submitted by private individuals and Medical Officers of Health, and 17 were "Appeal to Cow" samples. The following Table shows the nature of the 990 samples submitted by the Inspectors, excluding the 17 "Appeal to Cow" samples.

TABLE XXVI.

Article.		Number examined.	Number genuine.	Number adulterated.	Per cent. adulterated.
Dairy Products — Milk	—	505	479	26	5.15
Milk Food	—	1	1	0	0
Cream and Canned Cream	—	30	30	0	0
Cheese	—	11	11	0	0
Butter	—	46	44	2	4.35
Condensed Milk	—	20	20	0	0
Edible Fats	—	24	24	0	0
Cereals	—	17	17	0	0
Meat and Fish Products	—	28	28	0	0
Tea, Coffee, Cocoa	—	15	15	0	0
Condiments	—	25	23	2	8
Sugar Products	—	41	40	1	2.5
Miscellaneous Groceries	—	74	74	0	0
Beer, Spirits and Wine	—	35	85	0	0
Drugs	—	68	61	7	10.3
Total		890	952	38	3.8

The samples adulterated, as shown in the Table, were mostly milk, the adulteration of other products being very few. 26 milk samples were reported as adulterated and of these no legal proceedings were taken in 21. A conviction was obtained in 3 out of the remaining 5 cases.

TABLE XXVII.

The number of samples analysed and the number adulterated during the past 10 years.

	Year.	Number examined.	Number adulterated.	Percentage adulterated.
Somerset	1929	1,038	23	2.2
	1930	1,033	30	2.9
	1931	997	32	3.2
	1932	1,013	22	2.2
	1933	1,034	40	3.9
	1934	1,024	22	2.15
	1935	1,008	23	2.1
	1936	1,021	38	3.7
	1937	1,012	51	5.1
	1938	990	38	3.8
England and Wales	1937	151,370	8,401	5.5

PUBLIC HEALTH LABORATORY.

The Laboratory continues to be extensively made use of by the different Local Authorities for the examination of water supplies, sewage samples, diagnosis of infectious cases, etc. It is also very valuable in connection with Tuberculosis, School Work, Venereal Diseases and other work directly under the County Council. The main increase in recent years has been in connection with the examination of milk, necessitated by the marked increase in Licencees under the Milk (Special Designations) Orders, 1936 and 1938.

During the past year 17,978 samples have been examined (excluding all food and drug samples) as follows:—

Drinking Water—

Bacteriological examinations	...	...	...	...	...	...	1,574
Chemical analyses	...	...	...	...	...	...	57
Sewage, sewage effluents, rivers and streams	...	...	...	...	...	...	82
Swabs for diphtheria bacilli	...	...	...	...	...	...	7,782
Cerebro spinal fluid and post nasal swabs	...	...	...	...	...	...	8
Sputum for tubercle bacilli	...	...	...	...	...	...	1,775
Blood for typhoid, paratyphoid, other Salmonella, dysentery, and Br. abortus							226
Hairs and skin for ringworm	...	...	...	...	...	...	97
Specimens for venereal disease	...	...	...	...	...	...	640
Urine for tubercle bacilli, B. coli, sugar, albumin, casts, etc.							290
Faeces for typhoid and dysentery	...	...	...	...	...	...	389
Swabs for haemolytic streptococci	...	...	...	...	...	...	1,178
Milk for tubercle bacilli	...	...	...	...	...	...	639
Milk for bacteriological examination (general)	...	...	...	...	...	...	58
Milk—Accredited	...	...	...	...	...	...	1,946
Milk—T.T., and Pasteurised	...	...	...	...	...	...	1,033
Other specimens	...	...	...	...	...	...	204
Total	...						17,978

GENERAL NOTE.

It should be observed that the work passing through the County Laboratory has been considerably increased during 1938. The various samples submitted for examination show an increase in the total of 6,779. There was not only an increase in numbers, but there was also much extra work in the type of the samples for which examination was required.

In the typhoid outbreak, the Laboratory staff under the direction of Mr. Wood rendered splendid service under conditions of considerable pressure.

It will be appreciated that many of the administrative decisions in the control of a serious epidemic depend on the accuracy and efficiency of the examining laboratory staff; on their work depend decisions which not only may safeguard the health of the population, but which may have considerable effects on commercial and industrial concerns in the infected area. Throughout the typhoid outbreak, as on all other occasions, I found the services of the County Laboratory and its staff to be of the best description. In this connection also, if I may, I would call attention to the wise decision of the County Council in setting up a central County Laboratory; at all times this is convenient, but in epidemic periods, with a high pressure of work, the fact that the Laboratory is in the Health Department saves vital time and adds greatly to the efficiency of the general administrative control.

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